Rocky Mountain Medical Journal

March 1953

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PERSONALITY GROWTH AND DEVELOPMENT
APPRAISAL OF EFFICIENCY OF THE DOCTOR'S OFFICE
METABOLIC EXOPHTHALMOS—STAINLESS STEEL MESH IN REPAIR OF INGUINAL HERNIA
WHEN AN EPIDEMIC STRIKES

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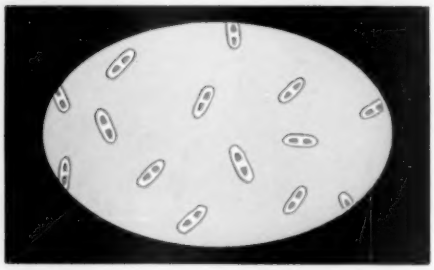
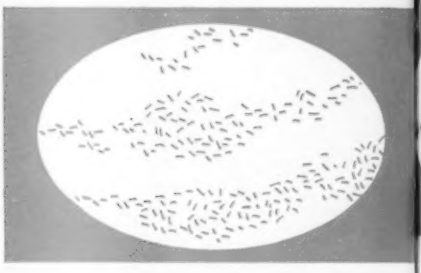
notably effective
well tolerated
broad spectrum antibiotic . .





highly effective in a wide range of bacterial, rickettsial, and viral pneumonias, CHLOROMYCETIN (chloramphenicol, Parke-Davis) is particularly valuable in mixed infections and where the causative agent is not easily ascertained.

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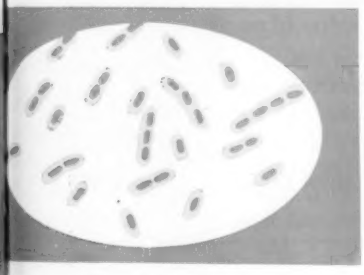

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VOLUME 50 NUMBER 3

MARCH, 1953

Meat...

and the Weight Reduction Diet in Cardiac Disease

The important relationship between obesity and the outlook in cardiac disease and hypertension is vividly emphasized in a recent publication of The American Heart Association.*

For reasons not entirely understood at present, "heart disease and high blood pressure are more common in overweight persons than in those of desirable weight." The predisposition to atherosclerosis in obesity and the increased physical burden of carrying excess weight are undoubtedly contributing factors. Hence, as this publication points out, weight reduction is the first line of defense in decreasing the incidence of cardiac disease, and in improving the prognosis after cardiac disease or hypertension has developed.

Meat occupies a prominent position in the weight reduction diets outlined in this American Heart Association booklet. This recommendation is in sharp contrast to the erroneous belief held in former years that meat is harmful in hypertension or cardiac disease. "There is no evidence that red meat or any other form of protein in moderation has any adverse influence on blood pressure."

The magic formula for reducing is simply "Eat less." Two types of diets are outlined. One "allows moderate amounts of meat and other proteins, small amounts of fat and moderate amounts of carbohydrates." The other is "high in protein with plenty of meat, eggs and cheese, moderate in fat and low in carbohydrates." Diet No. 1 provides 70 Gm. of protein, 60 Gm. of fat, and 120 Gm. of carbohydrate; caloric yield, 1,300. Diet No. 2 provides 100 Gm. of protein, 80 Gm. of fat, and 60 Gm. of carbohydrate; caloric yield, 1,360.

The inclusion of generous amounts of meat in these diets—12 to 16 ounces of cooked meat or two substantial servings each day in Diet No. 2—is a reflection of the important role meat plays in any weight reduction regimen. It is generously included because of its high content of protein of excellent biologic value and because lean meat contains unobjectionably small amounts of fat.

*Food For Your Heart, a Manual for Patient and Physician, Department of Nutrition, Harvard School of Public Health, Harvard University, The American Heart Association, Inc., New York, 1952. Copies available through local Heart Association.

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

American Meat Institute
Main Office, Chicago . . . Members Throughout the United States

ROCKY MOUNTAIN MEDICAL JOURNAL

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Manuscripts: Scientific Articles, Case Reports, etc., from any state for which this is the Official Journal should be submitted to the Scientific Editor for that state as named in the Editorial Board, above. Other material from any participating state should be submitted to the Associate Editor for that state as named above. Manuscripts from outside the Rocky Mountain area should be sent direct to the Journal office. Manuscripts must be typewritten, double or triple spaced, using only one side of each sheet. It is the policy of this Journal to omit bibliographies.

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Cancer Committee: Mary E. Martin, Chairman, Billings; Raymond E. Benson, Billings; Walter B. Cox, Missoula; Deane C. Epler, Bozeman; Harold W. Gregg, Butte; Eugene Hildebrand, Great Falls; Philip D. Pallister, Boulder.

Maternal and Child Welfare Committee: Earl L. Hall, Chairman, Great Falls.

Subcommittee on Obstetrics: Glenn A. Carmichael, Chairman, Missoula; J. E. Brann, Kalispell; Harry B. Campbell, Missoula; Robert E. Mattison, Billings; Charles W. Pemberton, Butte.

Subcommittee on Pediatrics: Orville M. Moore, Chairman, Helena; George H. Barmeyer, Missoula; Roger W. Clapp, Butte; Frank J. Friden, Great Falls; Donald L. Gillespie, Butte; R. Wynne Morris, Helena; Philip D. Pallister, Boulder; John A. Whittinghill, Billings; Paul R. Ensign, Helena, Ex-officio.

Tuberculosis Committee: Harry V. Gibson, Chairman, Great Falls; Malcolm O. Burns, Kalispell; H. M. Clemmons, Butte; Donald D. Gnose, Missoula; Morris Alan Gold, Butte; John M. Nelson, Missoula; Frank M. Petkevich, Great Falls; Raymond E. Smalley, Billings; Frank I. Terrill, Galen; William F. Kimmell, Helena, Ex-officio.

Fracture and Orthopedic Committee: Walter H. Hagen, Chairman, Billings; L. Clayton Allard, Billings; John K. Colman, Butte; Donald L. Gillespie, Butte; Charles E. Honeycutt, Missoula; Stephen L. Odgers, Missoula; Francis I. Sabo, Bozeman; John C. Wolgamot, Great Falls; Paul R. Ensign, Helena, Ex-officio.

Rural Health Committee: B. C. Farrand, Chairman, Jordan; Charles P. Brooke, St. Ignatius; David Gregory, Glasgow; B. K. Kilbourne, Hardin; Ronald E. Losee, Ennis; George W. Setzer, Malta; Walter G. Tanglin, Polson; George E. Trobough, Anaconda; S. A. Weeks, Baker; L. S. McLean, Helena, Ex-officio.

Industrial Welfare Committee: Russell B. Richardson, Chairman, Great Falls; Harold W. Gregg, Butte; John J. Malee, Anaconda; William F. Morrison, Missoula; Sidney C. Pratt, Miles City; George G. Sale, Missoula; James G. Sawyer, Butte; John W. Schubert, Lewistown; Frank K. Waniata, Great Falls; G. D. Carlyle Thompson, Helena, Ex-officio.

Rheumatic Fever and Heart Committee: Ferdinand R. Schemm, Chairman, Great Falls; Raymond L. Eck, Lewistown; Donald L. Gillespie, Butte; Morris Alan Gold, Butte; Elizabeth Grimm, Billings; B. A. Lucking, Helena; Cornelius S. Meeker, Butte; Orville M. Moore, Helena; Thomas F. Walker, Jr., Great Falls; Richard D. Weber, Missoula; G. D. Carlyle Thompson, Helena, Ex-officio.

Rocky Mountain Medical Conference Committee: Harold W. Gregg, Chairman, Butte, 1953; Halward M. Biegen, Missoula, 1955; Herbert T. Caraway, Billings, 1954; Charles B. Craft, Bozeman, 1956; Frank K. Waniata, Great Falls, 1957; James M. Flinn, Helena, Ex-officio; Everett H. Lindstrom, Helena, Ex-officio.

Public Health Committee: D. Ernest Hodges, Chairman, Billings; James J. Bulger, Great Falls; Deane C. Epler, Bozeman; B. C. Farrand, Jordan; Harry V. Gibson, Great Falls; Walter H. Hagen, Billings; Earl L. Hall, Great Falls; Eugene Hildebrand, Great Falls; Amos R. Little, Jr., Helena; William E. Long, Anaconda; Mary E. Martin, Billings; Russell B. Richardson, Great Falls; Ferdinand R. Schemm, Great Falls; Maurice A. Shillington, Glendive; Walter G. Tanglin, Polson.

SPECIAL COMMITTEES

Emergency Medical Service Committee: Amos R. Little, Jr., Chairman, Helena; David J. Almas, Havre; L. M. Benjamin, Deer Lodge; Leonard W. Brewer, Missoula; Morris Alan Gold, Butte; Harrison D. Huggins, Kalispell; Philip A. Smith, Glasgow; Julio R. Soltero, Billings; Albert L. Vadheim, Bozeman; Thomas F. Walker, Jr., Great Falls; G. D. Carlyle Thompson, Helena, Ex-officio.

Hospital Relations Committee: Eugene Hildebrand, Chairman, Great Falls; Robert B. Beans, Great Falls; Walter B. Cox, Missoula; William E. Harris, Livingston; Mary E. Martin, Billings; William W. McLaughlin, Great Falls; Francis P. Nash, Townsend; Raymond F. Peterson, Butte; Grant P. Raitt, Billings; Ralph L. Towne, Kalispell.

Mental Hygiene Committee: James J. Bulger, Chairman, Great Falls; Roger W. Clapp, Butte; Gladys V. Holmes, Missoula; J. E. Kress, Missoula; Roger A. Larson, Billings; Maurice A. Shillington, Glendive; Winfield S. Wilder, Great Falls.

Physicians-Schools Conference Committee: Ray O. Bjork, Chairman, Helena; George M. Donich, Anaconda; Paul J. Gans, Lewistown; Earl L. Hall, Great Falls; Exner P. Higgins, Kalispell; Stuart A. Olson, Glendive; C. R. Svore, Missoula.

Revision of By-Laws Committee: Thomas L. Hawkins, Chairman, Helena; Charles P. Brooke, St. Ignatius; Paul J. Gans, Lewistown; Wyman J. Roberts, Great Falls; Maurice A. Shillington, Glendive.

REPRESENTATIVES OF MONTANA MEDICAL ASSOCIATION TO OTHER STATE AND NATIONAL ORGANIZATIONS

Montana Committee for Employment of Physically Handicapped: Stephen L. Odgers, Missoula.

Joint Committee of Health Problems in Education of the National Education Association and the American Medical Association: Ray O. Bjork, Helena.

State Committee for Student Affiliation in the Field of Public Health: L. S. McLean, Helena.

Advisory Committee for Regional Nutritional Status Project of Montana State College: John A. Layne, Great Falls.

State Board of Eugenics: Gladys V. Holmes, Missoula.

Montana State Committee on Practical Nursing: John K. Colman, Butte; R. O. Lewis, Helena.

Montana Health Planning Council: Clyde H. Fredrickson, Missoula.

American Medical Education Foundation Chairman for Montana: Maurice A. Shillington, Glendive.

Advisory Committee on Narcotic and Alcohol Education: Theodore W. Cooney, Helena; Winfield S. Wilder, Great Falls.

Advisory Committee to Montana Hospital Association: George J. Moffitt, Livingston; Robert J. McGregor, Great Falls; Morris Alan Gold, Butte.

Rocky Mountain Medical Journal: Raymond F. Peterson, Butte, Scientific Editor for Montana; Mr. L. R. Hegland, Associate Editor for Montana.

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NEW MEXICO MEDICAL SOCIETY

NEXT ANNUAL SESSION: ALBUQUERQUE, MAY 7, 8, 9, 1953

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President-Elect: A. S. Lathrop, Santa Fe.

Vice President: John F. Conway, Clovis.

Secretary-Treasurer: T. E. Kircher, Jr., Albuquerque.

Executive Secretary: Mr. Ralph Marshall, 323 First National Bank, Albuquerque.

Councilors (three years): Carl Mulky, Albuquerque; J. C. Sedgwick, Las Cruces. (two years): W. D. Dabbs, Clovis; W. E. Badger, Hobbs. (one year): Albert S. Lathrop, Santa Fe; Carl H. Gellenthien, Valmora.

New Mexico Physicians Service: President, John F. Conway, Clovis; Vice President, V. K. Adams, Raton; Secretary-Treasurer, L. G. Rice, Jr., Albuquerque; Executive Director, L. J. LaGrave, 709 East Central Avenue, Albuquerque.

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COMMITTEES—1952-53

Board of Supervisors (Two Years): Leland S. Evans, Las Cruces; Charles M. Thompson, Albuquerque; Clay Gwinn, Carlsbad; Victor E. Berchtold, Santa Fe. (One Year): H. M. Mortimer, Las Vegas; Earl L. Malone, Roswell; L. J. Whitaker, Deming; Frank W. Parker, Gallup.

Basic Science Committee: Bergere A. Kenny, Santa Fe, Chairman; Harold J. Beck, Albuquerque; Junius A. Evans, Las Vegas.

Cancer Committee: Carl H. Gellenthien, Valmora, Chairman; J. W. Grossman, Albuquerque; E. H. Dellinger, Las Vegas; I. J. Marshall, Roswell; Pete J. Starr, Artesia; J. C. Sedgwick, Las Cruces.

Convention Advisory Committee: Leland S. Evans, Las Cruces, Chairman; I. J. Marshall, Roswell; Bergere A. Kenney, Santa Fe; H. W. Hodde, Hobbs; C. M. Thompson, Albuquerque.

Eye and Ear Consulting Committee to State Department of Public Health: James L. McCrory, Santa Fe, Chairman; Howard B. Peck, Albuquerque; George S. Richardson, Albuquerque; R. R. Boice, Roswell; A. W. Egenhofer, Santa Fe.

Industrial Health Committee: Lewis M. Overton, Albuquerque, Chairman; U. S. Marshall, Roswell; Edgar A. Rygh, Santa Rita; J. H. Burress, Raton; J. W. Hillsman, Carlsbad; N. D. Frazin, Silver City; W. E. Badger, Hobbs.

Infancy and Maternal Care Committee: Allen C. Service, Roswell, Chairman; G. C. Hogsett, Carlsbad; Guy E. Rader, Albuquerque; Herbert B. Ellis, Santa Fe; Marion Hotopp, Santa Fe; J. W. Wiggins, Albuquerque; W. L. Minton, Lovington.

Indigent Medical Care Committee: Samuel R. Ziegler, Espanola, Chairman; E. W. Lander, Roswell; J. J. Johnson, Jr., Las Vegas; Frank W. Parker, Gallup.

Advisory Committee on Insurance Compensation: Gerald A. Slusser, Artesia, Chairman; Pete J. Starr, Artesia; Robert R. Boice, Roswell.

Legislative and Public Policy Committee: R. C. Derbyshire, Santa Fe, Chairman; J. W. Hannett, Albuquerque; R. P. Beaudette, Raton; Joel Ziegler, Clovis; L. L. Daviet, Las Cruces; E. M. Warner, Tucumcari; Malcolm M. Cook, Los Alamos; Louis F. Hamilton, Artesia; W. A. Himmelsbach, Gallup; W. L. Minear, Truth or Consequences; R. E. Watts, Silver City; Ashley Pond, Taos; H. W. Hodde, Hobbs; W. J. Hossley, Deming; I. J. Marshall, Roswell; W. O. Connor, Albuquerque; Albert Simms II, Albuquerque; Clay Gwinn, Carlsbad; Fred Soldow, Santa Fe; W. A. Stark, Las Vegas; Leland S. Evans, Las Cruces.

National Emergency Medical Service Committee: Roy R. Robertson, Albuquerque, Chairman; Brian S. Moynahan, Santa Fe; T. E. Kircher, Jr., Albuquerque.

Public Relations Committee: George W. Prothro, Clovis, Chairman; Marcus J. Smith, Santa Fe; Charles F. Kettel, Gallup; Earl L. Malone, Roswell; Randolph V. Seligman, Albuquerque.

Rural Health Committee: J. P. Turner, Carrizozo, Chairman; Hilton W. Gillett, Lovington; Lloyd G. Foster, Santa Rosa; Alfred J. Jenson, Hobbs; Albert M. Rosen, Taos.

Rocky Mountain Medical Conference Committee: Carl H. Gellenthien, Valmora, Chairman; Victor K. Adams, Raton; J. W. Beattie, Las Vegas; Eric P. Haussner, Santa Fe; A. H. Follingstad, Albuquerque.

Committee on Selective Service: H. L. January, Albuquerque, Chairman; Phillip L. Travers, Santa Fe; George S. Morrison, Roswell.

Tuberculosis Committee: Carl H. Gellenthien, Valmora, Chairman; W. H. Thearle, Albuquerque; Carl Mulky, Albuquerque; H. C. Jernigan, Albuquerque; H. S. A. Alexander, Santa Fe.

Venereal Disease Control Committee: Lorry C. Delambre, Albuquerque, Chairman; H. A. Kline, Santa Fe; Lorn M. Shields, Albuquerque.

Woman's Auxiliary Advisory Committee: I. J. Marshall, Roswell, Chairman; W. O. Connor, Jr., Albuquerque; D. C. Badger, Hobbs.

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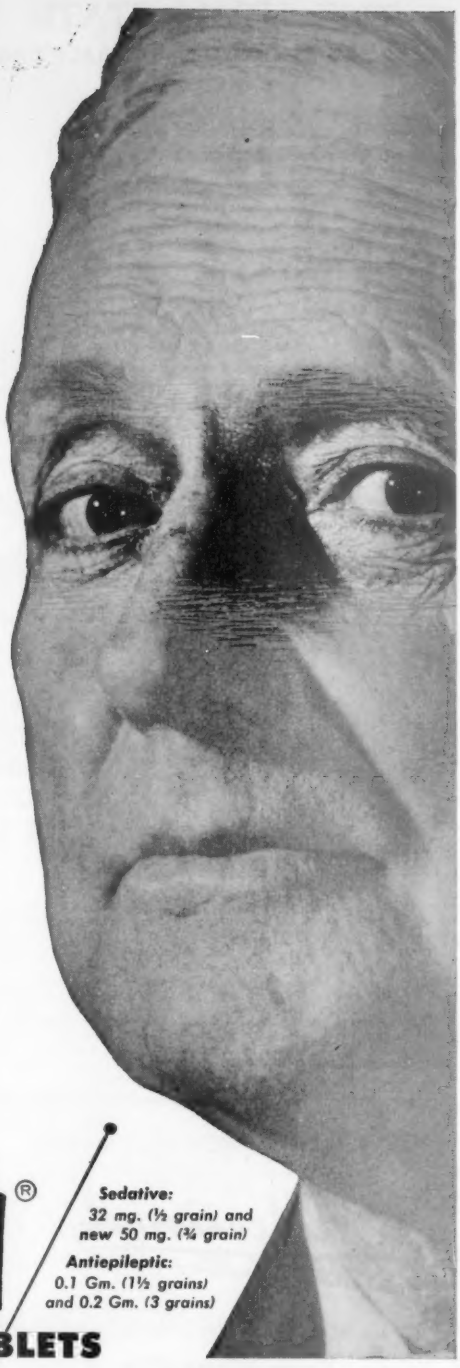

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THE UTAH STATE MEDICAL ASSOCIATION

NEXT ANNUAL SESSION: SALT LAKE CITY, SEPTEMBER 9, 10, 11, 12, 13, 1953.

OFFICERS, 1952-1953

President: Kenneth B. Castleton, Salt Lake City.

President-Elect: Frank K. Bartlett, Ogden.

Past President: L. W. Oaks, Provo.

Honorary President: Ralph T. Richards, Salt Lake City.

1st Vice-President: J. J. Galligan, Salt Lake City.

Secretary: Homer E. Smith, Salt Lake City.

Executive Secretary: Mr. Harold Bowman, Salt Lake City.

Treasurer: J. R. Miller, Salt Lake City.

Councilor, 1st District: R. O. Porter, Logan.

Councilor, 2nd District: Vincent L. Rees, Salt Lake City.

Councilor, 3rd District: J. E. Dorman, Price.

Delegate to A.M.A., 1952 and 1953: Geo. M. Fister, Ogden.

Alternate Delegate to A.M.A., 1952 and 1953: J. J. Weight, Provo.

Editor of the Utah Section of the Rocky Mountain Medical Journal: R. .P Middleton, Salt Lake City.

Board of Supervisors: 1953, Earl L. Skidmore, Chairman, Salt Lake City; 1954, J. C. Hubbard, Price; 1955, J. G. Olson, Ogden; 1956, C. J. Daines, Logan; 1957, R. E. Jorgenson, Provo.

STANDING COMMITTEES

Rocky Mountain Medical Conference Continuing Committee: 1953, T. R. Seager, Chairman, Vernal; 1954, R. P. Middleton, Salt Lake City; 1955, U. R. Bryner, Salt Lake City; 1956, Heber C. Hancock, Ogden; 1957, Wm. H. Moretz, Salt Lake City.

Scientific Program Committee: Homer E. Smith, Chairman, Salt Lake City.

Medical Defense Committee: 1953, John B. Cluff, Richfield; 1953, Wendell Thomson, Ogden; 1954, Fuller Bailey, Salt Lake City; 1954, Reed Harrow, Salt Lake City; 1954, H. R. Reichman, Salt Lake City; 1955, Wm. M. Nebeker, Chairman, Salt Lake City; 1955, G. S. Francis, Wellsville; 1955, Donald Poppin, Provo.

Medical Education and Hospitals Committee: 1953, T. C. Bauerlein, Salt Lake City; 1953, E. R. Crowder, Salt Lake City; 1953, Galen O. Belden, Salt Lake City; 1954, Harry J. Brown, Chairman, Provo; 1954, L. K. Oates, Logan; 1954, K. A. Crockett, Salt Lake City; 1955, R. V. Larsen, Roosevelt; 1955, Mark B. Jensen, Salt Lake City; 1955 J. B. Cluff, Richfield; 1955, W. J. Reichman, St. George; 1956, John Waldo, Salt Lake City; 1956, E. D. Zeman, Ogden; 1956, P. M. Gonzales, Price.

Medical Economics Committee: 1953, Hugh O. Brown, Salt Lake City; 1953, Silas S. Smith, Salt Lake City; 1953, Ralph N. Barlow, Chairman, Logan; 1954, Geo. C. Ficklin, Tremonton; 1954, J. H. Millburn, Tooele.

Procurement and Assignment Committee: Eliot Snow, Chairman, Salt Lake City; Frank K. Bartlett, Ogden; John J. Galligan, Salt Lake City; John H. Clark, Salt Lake City; J. Russell Smith, Provo.

SPECIAL COMMITTEES ALLIED TO PUBLIC HEALTH

General Committee on Public Health: A. A. Jenkins, Chairman, Salt Lake City; John Bowen, Provo; R. P. Morris, Salt Lake City; James Orme, Salt Lake City; O. E. Grua, Ogden.

Committee on Fractures: Norman Beck, Salt Lake City; Burke M. Snow, Salt Lake City; Louis Perry, Chairman, Ogden.

Cancer Committee: Richard Call, Salt Lake City; Ralph R. Meyer, Salt Lake City; J. H. Cariquist, Chairman, Salt Lake City; Ralph C. Ellis, Ogden; Ray T. Woolsey, Salt Lake City.

Committee on Sewage and Water Pollution: Glenn R. Leymaster, Chairman, Salt Lake City; Michael E. Murphy, Salt Lake City; John Bourne, Provo; Alma Nemir, Salt Lake City; Paul Clayton, Salt Lake City; John Smith, Duchesne; G. B. Madsen, Mt. Pleasant.

Committee on Tuberculosis and Cardio Vascular Diseases: Geo. H. Curtis, Chairman, Salt Lake City; Preston Cutler, Salt Lake City; Fred W. Clausen, Salt Lake City; Drew M. Peterson, Ogden; Warren R. Rupper, Provo; D. O. N. Lindberg, Ogden.

Committee on Rural Health: R. W. Farnsworth, Chairman, Cedar City; Raymond M. Malouf, Richfield; George A. Monnett, Panguitch; Paul Stringham, Roosevelt.

Committee on School Health: Robert Rothwell, Chairman, Salt Lake City; R. W. Sonntag, Salt Lake City; Wallace E. Hess, Salt Lake City; George Ely, Salt Lake City; Roy A. Darke, Salt Lake City; Manley Utterback, Ogden; Roy Hammond, Provo.

Committee on Mental Health: L. G. Moench, Salt Lake City; Wm. D. O'Gorman, Ogden; Owen P. Heninger, Provo; Chas. H. Branch, Chairman, Salt Lake City; E. M. Kilpatrick, Salt Lake City.

Industrial Health Committee: Frank J. Winget, Chairman, Salt Lake City; Geo. A. Spendlove, Salt Lake City; L. H. Merrill, Hiawatha; H. C. Jenkins, Bingham Canyon; Paul S. Richards, Salt Lake City; Byron Daynes, Salt Lake City; Ralph Tingey, Salt Lake City; Rulon Howe, Ogden.

SPECIAL COMMITTEES ALLIED TO PUBLIC RELATIONS

General Committee on Public Relations: 1953, N. F. Hicken, Salt Lake City; 1953, L. V. Broadbent, Cedar City; 1953, George Gamer, Logan; 1954, V L. Stevenson, Salt Lake City; 1954, Charles R. Cornwall, Salt Lake City; 1954, John Z. Bowers, Salt Lake City; 1955, Ralph Pendleton, Salt Lake City; 1955, W. E. Peltzer, Chairman, Salt Lake City.

Legislative Committee: Charles Ruggeri, Chairman, Salt Lake City; F. D. Gunn, Salt Lake City; John Z. Bowers, Salt Lake City; Geo. A. Spendlove, Salt Lake City; L. V. Broadbent, Cedar City; D. T. Madsen, Price; J. G. McQuarrie, Richfield; Ray E. Spendlove, Vernal; Eugene L. Wiemers, Pleasant Grove; Robert Budge, Smithfield; Clark Rich, Ogden.

Committee on Utah Health Council: Dean Spear, Chairman, Salt Lake City; N. F. Hicken, Salt Lake City; Drew Peterson, Ogden; Paul Clayton, Salt Lake City.

Committee on Relations With Press, Radio and Television: Wallace Brooke, Chairman, Salt Lake City; Donald Moore, Ogden; R. H. Wakefield, Provo; J. Clare Hayward, Logan; L. H. Merrill, Hiawatha; Irving Ershler, Salt Lake City.

Committee on Insurance Plans: John Z. Brown, Jr., Chairman, Salt Lake City; Robt. D. Beech, Salt Lake City; Robert G. Snow, Salt Lake City; John H. Clark, Salt Lake City; Nephi Kezerian, Salt Lake City.

Newspaper Health Column Committee: James Z. Davis, Chairman, Salt Lake City; Erwin D. Zeman, Ogden; L. W. Oaks, Provo; R. W. Farnsworth, Cedar City; G. J. Harmston, Logan; E. G. Holmstrom, Salt Lake City; U. R. Bryner, Salt Lake City; Val Sundwall, Murray; W. H. Horton, Salt Lake City; R. M. Muirhead, Salt Lake City; H. H. Hecht, Salt Lake City; Wm. H. Bennion, Salt Lake City; Wm. Ray Rumel, Salt Lake City; Ralph Pendleton, Salt Lake City; F. H. Raley, Salt Lake City; Galen O. Belden, Salt Lake City; Paul Clayton, Salt Lake City; James R. Miller, Salt Lake City; Geo. Diumenti, Bountiful; Merritt H. Egan, Salt Lake City.

SPECIAL COMMITTEES

Civilian Defense Committee: Leslie J. Paul, Chairman, Salt Lake City; S. M. Budge, Logan; LeRoy A. Wirthlin, Salt Lake City; L. W. Benson, Ogden; Riley G. Clark, Provo; Geo. Spendlove, Salt Lake City.

Constitution and By-Laws Committee: J. Russell Smith, Chairman, Provo; Geo. H. Lowe, Ogden; W. W. Barrett, Helper; R. O. Johnson, Murray; Garner B. Meads, Salt Lake City; Heber Hancock, Ogden; James Cleary, Salt Lake City.

Fee Schedule Committee: Wm. Ray Rumel, Chairman, Salt Lake City.

Blood Bank Committee: M. M. Wintrobe, Chairman, Salt Lake City. Plus the Chairman of the Blood Bank Committee of each Component Society.

Advisory Committee to Woman's Auxiliary: K. B. Castleton, Chairman, Salt Lake City; Frank K. Bartlett, Ogden; L. W. Oaks, Provo; Homer E. Smith, Salt Lake City; J. R. Miller, Salt Lake City; R. O. Porter, Logan; Vincent L. Rees, Salt Lake City; J. E. Dorman, Price.

Necrology Committee: James K. Palmer, Chairman, Salt Lake City.

THE WYOMING STATE MEDICAL SOCIETY

NEXT ANNUAL SESSION, CASPER, JUNE 11, 12, 13, 1953

OFFICERS

President: Edward J. Guilfoyle, Newcastle.

President-Elect: James Sampson, Sheridan.

Vice President: B. J. Sullivan, Laramie.

Secretary: G. W. Koford, Cheyenne.

Treasurer: P. M. Schunk, Sheridan.

Delegate to A.M.A.: W. Andrew Bunten, 1953-54, Cheyenne.

Alternate Delegate to A.M.A.: George H. Phelps, 1953-54, Cheyenne.

Executive Secretary: Arthur R. Abbey, Cheyenne.

COMMITTEES

Rocky Mountain Medical Conference: Earl Whedon, Chairman, 1955, Sheridan; George H. Phelps, 1955, Cheyenne; H. L. Harvey, 1954, Casper; L. W. Storey, 1953, Laramie.

Syphilis Committee: L. H. Wilmoth, Chairman, Lander; F. H. Haigler, Casper; Benjamin Gitlitz, Thermopolis.

Cancer Committee: John Gramlich, Chairman, 1955, Cheyenne; Benjamin Gitlitz, 1953, Thermopolis; Dan B. Greer, 1954, Cheyenne (Vets. Adm.); Karl E. Krueger, 1955, Rock Springs; Franklin Yoder, 1954, Cheyenne.

Medical Economics Committee: Ernest A. Kahn, Chairman, Cheyenne; J. E. Clark, Casper; Carleton D. Anton, Sheridan.

Fracture Committee and Industrial Health: Gordon C. Whiston, Chairman, Casper; Philip Teal, Cheyenne; Albert Sudman, Green River.

Advisory Committee to Selective Service on Procurement and Assignment of Physicians: Sam S. Zuckerman, Chairman, 1955, Cheyenne; Roscoe H. Reeve, 1954, Casper; E. W. DeKay, 1953, Laramie.

Elected Medical Defense Committee: DeWitt Dominick, Chairman, 1953, Cody; Paul R. Holtz, 1955, Lander; Karl E. Krueger, 1954, Rock Springs.

Councilors: Earl Whedon, Chairman, 1955, Sheridan; Karl E. Krueger, 1954, Rock Springs; Paul R. Holtz, 1955, Lander; DeWitt Dominick, 1953, Cody; George H. Phelps, 1954, Cheyenne; Edward J. Guilfoyle, President, Newcastle; Glenn W. Koford, Secretary, Cheyenne.

Advisory to Woman's Auxiliary: Joe Clark, Chairman, Casper; Joseph Gautsch, Cody; James Sampson, Sheridan.

Veterans Affairs and Military Service Committee: Dale Ashbaugh, Chairman, Riverton; Willard H. Pennoyer, Cheyenne; Eugene C. Pelton, Laramie; Virgil L. Thorpe, Newcastle; Joseph F. Hellewell, Evanston.

Blue Cross Hospital Committee: Russell Williams, Chairman, 1954, Cheyenne; E. W. DeKay, 1955, Laramie; DeWitt Dominick, 1956, Cody; J. W. Sampson, 1953, Sheridan.

Public Policy and Legislation: G. W. Koford, Chairman, 1955, Cheyenne; George H. Phelps, 1954, Cheyenne; W. A. Bunten, 1953, Cheyenne; E. W. DeKay, 1955, Laramie; L. H. Wilmoth, 1954, Lander; R. H. Reeve, 1953, Casper.

Poliomyelitis Committee: L. Cohen, Chairman, Cheyenne; Oliver Scott, Casper; Franklin Yoder, Cheyenne; Harlan B. Anderson, Casper.

State Institutions Advisory: R. H. Kanable, Chairman, Basin; Franklin Yoder, Cheyenne; Joseph F. Whalen, Evanston; L. H. Wilmoth, Lander.

Necrology Committee: Earl Whedon, Chairman, Sheridan; Franklin Yoder, Cheyenne.

Public Health Department—Liaison Committee: E. C. Ridgway, Chairman, Cody; R. P. Fitzgerald, Casper; Herrick J. Aldrich, Sheridan; R. C. Stratton, Green River.

Rural Health Committee: Andrew Bunten, Chairman, Cheyenne; William K. Rosene, Wheatland; Samuel H. Worthen, Afton; John B. Krahl, Torrington.

Child Health Committee: Paul Emerson, Chairman, Cheyenne; Chester Ridgway, Cody; Nels Vicklund, Thermopolis.

Council on National Emergency Medical Service—Civil Defense: George H. Phelps, Chairman, 1955, Cheyenne; R. H. Reeve, 1955, Casper; E. W. DeKay, 1954, Laramie; P. M. Schunk, 1954, Sheridan; Paul R. Holtz, 1953, Lander; Albert T. Sudman, 1953, Green River; DeWitt Dominick, 1953, Cody.

Committee for Professional Review: David Flett, Chairman, 1954, Cheyenne; Roscoe H. Reeve, 1955, Casper; J. Cedric Jones, 1955, Cody; John A. Knebel, 1953, Buffalo.

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American Medical Education Foundation: J. Cedric Jones, Chairman, 1955, Cody; B. J. Sullivan, 1954, Laramie; F. H. Haigler, 1953, Casper.

Gottsche Estate: Franklin Yoder, Chairman, Cheyenne; E. W. Gardner, Douglas; Oliver K. Scott, Casper; Nels A. Vicklund, Thermopolis; L. H. Wilmoth, Lander.

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President-Elect: Sr. Marie Charles, Glockner-Penrose Hospital, Colorado Springs.

Vice President: Elton A. Reese, Alamosa Community Hospital, Alamosa.

Treasurer: M. A. Moritz, Denver General Hospital, Denver.

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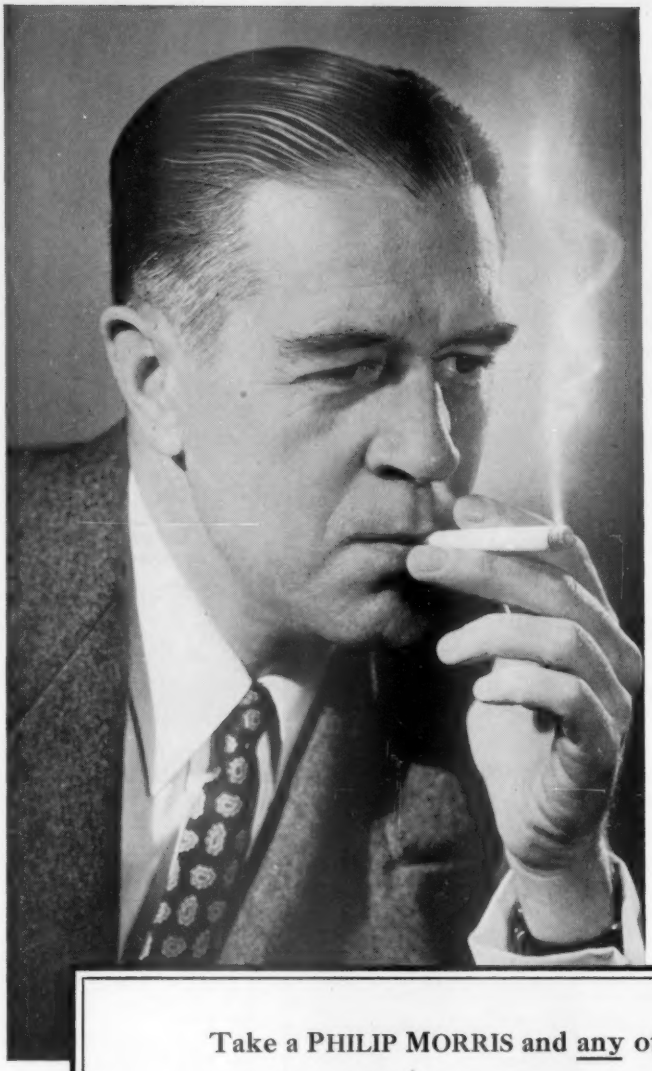

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MARCH
1953

Editorial

The "Raw Deal"

BETWEEN now and the middle of March we, as individuals, will be settling our financial score with Uncle Sam. The year 1952 was probably the all-time high for many of us, and time may record it as the financial peak of most physicians in middle age. Many of us set aside some funds over and above the quarterly estimated tax, hoping that at least a portion of it would provide some security against declining years. It is proper that professional men should be assured some security in lieu of pensions and retirement plans, such as great corporations and federal services provide. Fair reward for merit and hard work is part of the democratic way of life. Penalizing the well-to-do is contrary to its teaching—when carried to the point of inability to keep a fair share of earnings.

Over a year ago Frank G. Dickinson, Director of the Bureau of Medical Economic Research of the American Medical Association, stated that the average doctor is getting a "raw deal" on his income tax. He is quoted as follows:

> Most of us employed by companies are covered by pension or profit-sharing plans chalked up to "operating expenses." We are not taxed for these extra earnings until we receive them. By then, most of us are retired and our tax burdens are reduced because we are in the lower income brackets. Among physicians and other professional workers, only those employed by companies are eligible for such pensions. Most professional persons are self-employed; they cannot charge off a pension to business expenses.
>
> The physician has the longest training period among professional people, starting to earn around age 28. During his nine or more years of training, his lost income and expenses amount to about $35,000. Accordingly, he must earn $5,000 extra each year in order to catch up with the person who went to work at 18. His lifetime earnings are bunched into relatively few peak-earning years. During these years he is in a higher income tax bracket.
>
> Over a lifetime, then, he pays more taxes than a man who earns the same amount over a long period, and he cannot finance any part of a pension out of tax-free business expenses.

Dr. Louis H. Bauer, President of the American Medical Association, mentioned these facts during his address at the Clinical Session in Denver last December. He also mentioned action upon it as one of the several legislative matters which require our attention and earnest study. The Reed-Keogh bills, introduced in the last Congress, would allow pensions or retirement privileges for the self-employed. No fairer law could become a part of our federal statutes.

At present, all years following entrance of a wage-earner into the Federal Social Security system are "elapsed years" which determine the average wage. The average wage is then the key in figuring Old-Age and Survivor's Insurance. In this manner, a worker who is disabled, unemployed, or who merely transfers to new employment is penalized.

It should not be too difficult to remove this penalty. The above system is not used by private industry, insurance companies, or even by federal government for its employees. The more modern plan uses the five to ten best years during the employees' working lifetime in computing retirement benefits; increments for each year of gainful employment compensates the wage earners who had the longer periods of covered employment and therefore made larger contributions into the pension funds.

Surely we, as self-employed professional men, are entitled to set aside something during our most lucrative years as defense

against dependency when those years have passed. The stress and strain of the lives we lead has made us more vulnerable (by about 20 per cent more than average) to the leader of all causes of death—heart disease. Heart disease also causes many of our colleagues to "slow up," if not to relinquish all professional activity.

The Reed-Keogh bills and several similar ones, we understand, have already been reintroduced in the new Congress. They differ in minor detail, but all hew to the same principle. During last fall's election campaign both our new President and the candidate he defeated expressed approval of this principle which would give the self-employed something like an "even break" with the civil servant and the corporate employee. Thus the current leaders of both major political parties favor it. And we have other allies, for lest we think only of physicians, let us remember that the same principle applies to a greater or lesser extent to the lawyers, the accountants, engineers, all other professional men and women, and to that even larger group, the host of self-employed "small business men."

There has long been an inherent injustice, yes, a Raw Deal, imposed on all of us self-employed. Now the time is ripe, the political weather is favorable. Let us every one talk and write to our representatives in Congress, let every one of our voices be heard, and get a square deal started!

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Common Sense versus Socialism

AN ARTICLE entitled "The Need for Common Sense" appeared recently in a British magazine. It stated that almost every home in England has a cupboard crammed with full and half-full boxes of tablets, and "Britain has become a nation of pill-takers." The author pursues the question, "Are all of these millions of pounds' worth of pills necessary?" He believes that a large portion of tablets are never taken at all, and places the blame upon both doctor and patient. The doctor prescribes too large a quantity and the patient rushes to his office upon the slightest pretext. Pills are "the wings that help people to fly from reality." They stimulate, dispel pain and fear of pain, induce sleep, offer hope, and are easy to take. For example, in cases of obesity most patients choose to take pills rather than go on a diet. Dexedrine impairs appetite and makes dieting relatively painless. The majority of people seem to think they need a tonic or vitamin tablets—especially when prescriptions are "free." Most women, it is said, have pain; the family doctor knows that the incidence is highest among women who have time for introspection, especially when frustration complicates the picture. Pills and pelvic surgery too often are sought and found.

In 1951 Britain's National Health Service paid out fifty million pounds (about $150,000,000) for prescriptions. If the prescription bill continues to rise at the present rate it will cost six times this figure by 1960. A single drug company sells 4,000,000 sedative tablets every month; "slimming tablets" cost the taxpayer one-half million pounds (about $1,500,000) annually. Along with vitamin tablets, codeine, aspirin and laxatives, the people are consuming anti-smoking, anti-drink and even bust-improving tablets. A survey of 17,301 prescriptions has indicated that sedatives comprise the largest single group, about 15 per cent, of all drugs prescribed.

Physicians who serve the public as "company doctors" learn to know employees who appear too frequently for prescriptions or services—apparently for the sole purpose of chiseling. Human selfishness is the same whether weighed in the scales of a local project or a great national scheme. What with fabulous costs of administration, chislers, and doctors who over-prescribe, is it surprising that socialized medicine has practically depleted England's exchequer?

America's danger has not passed with the change in administration, though the immediate serious threat has subsided. We will never, within the foreseeable future, be able to relax lest America shall learn England's lessons our own hard way! Human nature has not changed during the course of recorded history; war and "social reform" will apparently be ever-present somewhere in the world!

Original Articles

PERSONALITY GROWTH AND DEVELOPMENT*

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The day has arrived when the study of personality growth and development is no longer an elective subject. Study of human personality and a knowledge of its growth and development is most important for everyone. For the physician it is a prime necessity. It is not something that is merely the means to a better bedside manner or to a better understanding of a few difficult patients. Rather, it is one of the most potent forces for producing disease symptoms that is known. The personality that is not strong and robust can break down and have its own disease symptomatology. It is vital that the physician know and recognize the many symptoms that arise.

It seems increasingly clear that an emotionally healthy and robust personality has a capacity for resisting disease processes. In the last century and in the first part of this century, great store was set by the expression "a healthy body will house a healthy mind." This was paraphrased in various ways to indicate that if one had a healthy body or maintained physical health one was unlikely to have any emotional or mental disturbance. This was carried even further to the belief that the cure for mental illness depended upon working toward the health of the body. Certainly this was sometimes true, but in the main this bit of ancient wisdom led many people astray and kept them from getting at the real cause and effective treatment of emotional illness.

The story of personality growth and development divides itself into various growth periods and there are important psychological and environmental forces which should prevail in these periods.

*Presented before the Annual Session of the Colorado State Medical Society at Denver, September 11, 1952. The author is Professor and Head of Department of Psychiatry, Temple University School of Medicine and Hospital.

Security and Rapport

For purposes of discussion, let us focus our attention for a few moments on the importance of building security during the first year of life. In these days of anxiety, we need to do more than deplore the presence of anxiety and anxiety-producing conditions. We must find an antidote for anxiety. This antidote is security in infancy which establishes a rapport that is carried through to adult life. To give security to the infant is to produce in him a sense of confidence and well-being which develops into such personality qualities as calmness, serenity, and courage. Confidence and courage are very important human attributes, and if they are to be present in any useful quantity, they must be formulated in the earliest beginnings of personality, that is in infancy. To be more specific, security is achieved by the parent having a continuous, happy concern about the child from birth onward, especially during the first year of life. An infant needs to be touched and handled, fondled and cuddled, smiled on, talked to soothingly, encouragingly, and lovingly. Every day more proof is seen of the importance of touch, through skin and muscular contact, in producing a sense of well-being which is conducive to calmness, serenity, confidence and trust. There cannot be too much emphasis placed on these attributes for they are qualities that are needed often throughout life. All too often they are looked for in our children and found lacking.

Parents and teachers are distracted over this lack and wonder what is the matter. They scold about this modern age and call the youngsters thoughtless and heedless. But the truth of the matter is that these children have never been helped to have trust, confidence, calmness, and loyalty upon which they can build a pleasure in

learning and cooperating. Young children need kindness of voice and an absence of scoldings. They need a certain permissiveness in small matters but plenty of guidance and control regarding larger principles. Very young children need consistent, warm, friendly attention with opportunities for friendly contacts with other children as soon as they are old enough to come in contact with them. Thus we see that the sense of well-being that we call security grows out of love and happiness, concern, and intimate closeness between a child and those who care for him. This produces a positive rapport. It produces an automatic sense of gratitude and desire to respond in kind. As the child is loved and treated well, he tends likewise to want to love and repay his benefactors. In return for their love, he is more willing to learn and cooperate.

Parents are often exasperated when their children seem unwilling to conform to their way of life and learn, at least, some of its precepts. Schools have an increased burden because there are many pupils that seem unable to learn. Marriages have an extraordinary lack of harmony because the ability to work together is absent. Thousands of problems of friction and poor adjustment occur because of the difficulties people have in working with and understanding each other. Even nations disagree and war ensues because the cementing influence of fair play and cooperation cannot seem to be put in action.

Many people deplore the breakdown of the American home and certainly it has changed. Many influences have changed it. Among the important phenomena are the loosening of ties, the lack of mutual respect, the self-centered indifference of certain family members to the emotional needs of other family members. Lacking is the sensitive conscientious rapport which always marked the close, happy family that sent the gentle, good and constructive citizens into the world.

An inner security, meaning a calm and quiet confidence in oneself and good rapport with others, has its roots early in life. Kindness, courage, confidence and cooperation are created in the cradle—cultivated by warm family ties and strengthened by friendly human relationships. Unquestionably the physical closeness which accompanies the cradle, and the tender loving care given during the infant's early months play a most important part in producing loving and cooperative adults, as well as keeping them free of psychoneuroses and resistant to other types of diseases. This may seem homely and prosaic, too time-consuming and difficult for physicians to teach. Some may even feel that such consideration and indulgence tends to weaken the race. However, the observations of psychiatrists indicate that the vast numbers of psychoneuroses, psychoses, personality disorders and psychosomatic conditions are in part due to this lack of security. There is not, at this moment, too much spoiling and overindulgence; rather, there is too little loving warmth and kindness.

Discipline and Conformity

Human beings need discipline and must learn the importance of conformity to various natural and social laws. But they do not take naturally to these laws and always find them oppressing, burdensome, and irksome. Therefore, strong emphasis is put upon security, because we know that the secure person, who has good rapport with others, learns most easily, and with the least resentment, to conform and accept discipline that is presented to him in a rational way. One of the most intimate, personal phenomenon requiring self-discipline and conformity, is toilet training. Toilet training is an important event in the life of a child and requires two to three years for its attainment. But along with toilet training comes such precepts as respect for the rights of others, the importance of cleanliness, and neatness of the person generally. Toilet training requires effort and concern for others than oneself, and it further requires learning to postpone certain gratifications until the proper time arises. This, therefore, needs to be taught with patience and faith in the child that he will accomplish it eventually. What is required of him must be repeated frequently, his successes praised and not too much said about his failures. During this period of growth it is important for the

parent, or whoever handles the child, to have the air of expectant success and not an attitude of "I told you so," "I thought you were too young to do it," "Children always do things wrong" or "Why do you have to be so stupid?"

For the physician, certain principles should be made clear. A physician often hears a mother ask, "how do I discipline my child?" Between the ages of 1 and 4, I would question whether a child needs to be disciplined for discipline's sake. What he needs to learn is how to get along with other people, adapt himself to the home routine and learn to be a good sport in his play with other children. This makes for pleasant and constructive living. The mother or father who want a so-called "disciplined child" need not try to make him one, all at once, during any one year. There is plenty of time for the right kind of discipline. If, for instance, they want the child to be a good student, they should cultivate in him a curiosity to learn and not nag him to get all "A's" because the work required to get all "A's" is good discipline. Neither should they nag a child into sports because sports are good discipline, but rather give him the experiences which will make him realize that sports are considerable pleasure, relaxation, and diversion, and see that opportunities are open to him so he can indulge in these pleasures.

There is a tendency for human beings to discipline themselves in learning rather than make learning interesting. They think of discipline as something which one achieves through being driven to achievement. To the contrary, this may result in a very poorly disciplined person indeed. In other words, parents who push for conformity because they regard conformity as a law of the household find that children rebel against these laws sooner or later, and that the real secret of discipline and conformity is to make good habits, responsible habits, fun, and create a living so interesting that the gratification of participation is sufficient reward for the child.

Love Beginnings and Sex

The growth period, between the ages of 3 and 6, focuses on a combination of forces at work within the small child that encompass the parent of the opposite sex and an expanding view of life and give an impetus to the budding sexuality of the child. In Freud's presentation of the many facets of human personality, he uses the term "family romance" to refer to the frequent fantasy of the child. The child imagines, says Freud, that he is not the child of his parents, but is a child of some great personage—a king or queen—and through some means has found his way into the family of these two humble people who call themselves his parents. The author would feel that the term "family romance" could better apply to the many emotional phenomena which surround the development and resolution of what has been called the Oedipus complex. Between the ages of 3 and 6 a boy has an increased appreciation of his mother and her attentions. Their fondness for each other runs a certain high course before he enters school and begins to be one of the gang. Girls, at this same age, find their fathers increasingly attractive as a companion and enter into a situation of rivalry with the mother for his attention. These phenomena, in both sexes, are attended by an increase in genital sexual excitement and increased frequency of masturbation unless the latter has been greatly stifled earlier in the child's development. These phenomena, taken together, form an important part of the beginnings of love, a kind of appreciation of and desire to be with the parent of the opposite sex, attended by certain heightened genital excitement and fantasy. This is often vocalized by the child as a desire to grow up and marry the parent of the opposite sex. Some parents look upon this as morbid and dangerous whereas it is actually healthy and usually most desirable. Furthering of the love process needs encouragement at an early age and should be better understood by the parents of growing children.

The Oedipus complex is a most important part of personality growth and development. It usually always runs its course and resolves itself by the child withdrawing some of his interest from the parent and attaching it to children of his own age or to teachers and others who play an important role in his life. Probably the impor-

tant thing for the physician to remember here is that the presence of this family romance is often so subtle as to be easily overlooked. This has its unfortunate consequences in that when the parent or adult is so insensitive as to be unaware of the child's interest in these directions, he inhibits an important part of the child's emotional growth and development. The physician needs to help parents understand that this phase does come and is a natural phenomenon. He should attempt to neutralize parents' fears which usually tend to become morbid. Parents should be reassured that the increased tendency toward masturbation during this period is not to be worried about, that the child should not be threatened or made to feel ashamed about it. If a child has proper diversion, playmates, and a reasonably good time the masturbation will subside. Further, the physician should explain, when such feelings or yearnings on the part of the child are expressed that they should not be taken to mean that he is sexually or emotionally precocious and is going to want to marry before he is half way through adolescence.

Family romance can all be taken calmly and serenely and enjoyed by everyone concerned. Any father, for instance, who is so oblivious of his daughter's emotional development that he has not heard and responded to her warmth and blandishments is either a most insensitive man or he is paying too much attention to business. The mother, being by the very nature of her relation to the family closer to the boy, is much less likely to recognize his affectionate interest. With her it is more a matter of not being unduly alarmed about it when she does see it and not discouraging it too thoroughly. Writers are always alluding to the war of the sexes or to the fact that men and women do not understand each other; they even go so far as to say that men and women hate each other. Much of this is true and could undoubtedly be minimized if some of these phenomena were better understood and handled in early family life.

Enhancement of Conscience, and Expansion of Ego

Between the ages of 6 and 12 the child's formal schooling begins. What is he doing? What is he thinking? To many parents, he is an uninformed poorly disciplined youngster interested in lots to eat, movies, television and excitement of all kinds. He looks for heroes to worship, won't wear shoes, finds it difficult to be clean and neat, and usually protests about the learning process to which school subjects him. He finds it difficult to do things for others and is never on time.

He has lost the cuteness of childhood and has not become as interesting to adults as some adolescents are. Good school teachers probably understand these youngsters better than their parents do. At least good teachers have understanding and objectivity while parents are too close to the problem. They see their job as a harassing one that often only means providing clothes which are all too frequently worn out, lost or outgrown. They discipline constantly in order to overcome the conflict between the child's desire to have life one continuous pleasure and society's insistence that he learn to be considerate of others and acquire knowledge which will prepare him eventually for earning a living. It is the physician's task to teach the parent to have patience with this growing youngster. The parent usually needs to be encouraged to give his young one more time, more inspiration, more stimulation in the direction of socially desirable goals. He needs to be shown how to give the child an opportunity to utilize his energies in a constructive way, focus his attention toward a later usefulness by attempting to emulate the more desirable of his heroes.

A child's personality at this age is certainly not fully formed and integrated. On the other hand, the parents are often unsure about their own ideas for the child. So they shirk their duties during this period. They avoid stimulating any interest in the world around him and permit him to be too self-centered. They grumble about it, but do little to direct it properly. And, after letting a child drift along unnoticed from the age of 6 to 12, they wonder why

he shows little ambition in his teens or shows no interest in choosing a vocation and following through for its preparation.

Many parents who have enjoyed their children at the ages of 3 and 4 often do not thereafter maintain the same closeness with them. Children between the ages of 6 and 12 do a great deal of thinking about themselves and the world around them and what they are going to do and be. All this goes on in spite of what appears to be an interest only in candy, cake, and movies. They need to be given tasks to do, they need to be helpful. They need to feel that they participate in some way in family living, and are not completely parasitical. They need to be taken into the confidence of their elders and treated, occasionally at least, as equals. In this way contact is maintained with them during a very important part of their development. Their sense of security is continued and confidence in themselves expands. Their egos come to know more and absorb and integrate more of the facts of life and they grow older with more zest and eagerness for participating in the experience of life.

They are many people who are either bored with life or have at best a lukewarm interest. And think of the number of people who become world-weary by the age of 35! If we are to have more enthusiastic and adventurous people in this world, we must keep in touch with our young ones between the ages of 6 and 12, during the so-called latency period. Each year they are at a different stage between childhood and adolescence. They change rapidly from year to year. While they are satisfying their appetites for food, they are getting strength for the future. Families should be encouraged to see that they gain mental sustenance as well as physical sustenance.

Emancipation and Preparation for Responsibility

The age between 12 and 21 is generally called adolescence. It includes puberty, which occurs between 12 and 15, the teenage years, and ends with a convenient and conventional stopping point coinciding with the legal age of maturity. These are important years from the standpoint of personality growth and development. During puberty, menstruation begins in the girl and the onset of seminal emissions occurs in the male. The girl develops female contours with enlargement of the breasts and widening of the hips whereas the boy grows taller and his voice deepens. During the age of puberty, youngsters are often self-conscious and sometimes awkward in movements. They are not quite sure whether they are children or adults and actually, psychologically, have wishes to be both. They are somewhat wary, yet desirous of romantic attachment to the opposite sex, and are alternately thrilled and dismayed by the stirring of sexual feelings within them. They often become absorbed with the joys of romance and at the same time are apprehensive about its responsibilities and the possibilities for frustration. Modern education places a great many responsibilities upon them in terms of what they must learn to gain a coveted degree. And there are many extra-curricular activities in which they must compete to gain prestige. Many have anxiety about obtaining higher education, while others are in the throes of great discontent through feelings of inferiority, apprehensions about war and death, or fear of not proving themselves in the later world of marriage, parenthood, and work.

It can be seen then that adolescence is a period of considerable emotional stress and strain at best and that these young people need a great deal of understanding and help with their problems. Rather than realize how many and pressing the problems of adolescents are, it is surprising how many parents forget so soon how difficult this age period can be. They are inclined to be impatient with adolescent struggles to gain a sense of maturity, prestige, a sense of worth, and some degree of satisfaction from competing in the fields of romance, sports, scholastic achievement, and social popularity.

Parents with limited understanding will merely be distressed by the adolescent's increasing aggressive struggle to find independence. Rather than help and foster it, they complain about it and regard it as evidence of disloyalty and lack of appreciа-

tion. They fear that in the adolescent's romantic leanings lies sexual danger or some early precipitous marriage probably to the wrong person. These parents instead of giving friendship, withhold it. Instead of giving counsel and guidance, they give nagging and scolding. Here, the physician should be counselor for the adolescent and his parents and help them to think out and talk over plans, hopes, aspirations, and difficulties. The adolescent needs to be given direction, encouragement, and the parent needs to be helped to give it to him. If parents cannot advise their youngsters, the physician must do it in their place. To manage this successfully, the physician must have a real interest in young people and be able to gain their confidence. He must know how to get parents and young people to work together more constructively or be able to give teen agers the necessary encouragement and strength to go forward even when parental cooperation is not forthcoming.

Many psychoneurotic and psychosomatic problems are in the making during adolescence. Over-timidity and shyness, excessive irritability and undue aggressiveness, extreme boastfulness, over-complaining, or excessive need for approval are just some of the personality traits which, if not resolved, may begin to produce symptoms of a psychoneurotic nature. It is said that an adolescent must accomplish four things—1, emancipate himself from his parents so he can think and act for himself; 2, he must choose a vocation and be actively preparing for it; 3, make some beginning efforts toward a solution of his love life by healthy social contact with the opposite sex; and, 4, integrate himself for an altruistic existence. In other words, he should be thinking of how, and to what extent, he has strength to live for others as well as for himself. These four accomplishments give a rough rule of thumb for the physician to follow in measuring the kind of maturation which is being accomplished by his adolescent patients. If these are not progressing satisfactorily, then the personality traits which are interfering with progress need to be dealt with.

It is impossible to give more than a brief outline of the problems which arise during the course of personality development. Nevertheless, the physician who understands the formation of personality is in a position to do a tremendous amount of preventive medicine through fostering better mental hygiene in the families he knows and visits. He will make the practice of medicine more enjoyable for himself as he understands and helps the young people in his practice. The physician who understands and deals adequately with younger family members is sure to retain the family's gratitude and cooperation to the end that he can practice the most effective medicine possible.

FOURTH SUPPLEMENT TO MOTION PICTURE REVIEWS NOW AVAILABLE

The Committee on Medical Motion Pictures of the A.M.A. has completed the fourth supplement to the booklet entitled "Reviews of Medical Motion Pictures." It contains all the film reviews published in The Journal, from January to December, 1952.

The purpose of the reviews is to provide a brief description and evaluation of motion pictures which are available to the medical profession. Each film is reviewed by competent authorities.

One copy has been mailed to the Secretary of each State Medical Society. Copies are available to County Medical Societies on request from: Committee on Medical Motion Pictures, American Medical Association, 535 North Dearborn Street, Chicago 10.

The Fifth Annual Meeting of the Southwestern Surgical Congress will be held on September 21, 22 and 23, 1953, at the Hotel Utah, Salt Lake City, Utah.

Officers of the Congress for 1953 are as follows: Louis P. Good, M.D., Texarkana, Arkansas, President; Howard E. Snyder, M.D., Winfield, Kansas, Vice President; Philip B. Price, M.D., Salt Lake City, Utah, President-Elect; Charles R. Rountree, M.D., Oklahoma City, Oklahoma, Secretary-Treasurer.

Stanford University School of Medicine will present the following Postgraduate Courses in June, 1953: Cardiology, June 15-19; General Medicine, June 15-19; Surgery and Treatment of Fractures and Associated Trauma, June 24, 25 and 26; and General Surgery, June 22-26. The Stanford faculty will be instructors in these courses and the fee for each course is $75. Each course will be given all day.

Programs will be available in March and inquiries may be addressed to the Office of the Dean, Stanford University School of Medicine, 2398 Sacramento Street, San Francisco 15, California.

THE DOCTOR'S OFFICE*

AN APPRAISAL OF ITS EFFICIENCY

THEODORE WIPRUD
WASHINGTON, D. C.

Many of my colleagues are perhaps more capable of dealing with this subject than I, but at least my remarks will have the virtue of being based on considerable experience, observation, and some hours of investigation. In the course of my investigation, I came across the following paragraph:

> "Professional tact and business sagacity are as necessary to the physician as the mariner's compass is to the navigator. There are gentlemen in the ranks of our profession who are perfectly acquainted with the scientific aspects of medicine, and can tell you what to do for almost every ailment that afflicts humanity, who, nevertheless, after earnest trial, have never achieved either reputation or practice, because they lack professional tact and business sagacity; and there is nothing more pitiful than to see a worthy physician deficient in these qualities, waiting year after year for a practice, and a consequent sphere of professional usefulness, that never come."

That is the opening paragraph of a book entitled "The Physician Himself." The author is the late Dr. D. W. Cathell, one-time Professor of Pathology in the College of Physicians and Surgeons at Baltimore, Maryland. Published in the year 1882, Dr. Cathell's book is, of course, not as modern in many other respects as this quotation would lead you to believe. There are such mid-Victorian passages as this:

> "What shall I say of debauchery with harlots and association with concubines? Of drinking and of gambling? My dear sir, if you have entered either of these roads, turn from it at once, for either will blast your career, will be fatal to every ambition."

Evidently Dr. Cathell was concerned about the hot-bloods in the profession and wasn't going to let a chance to warn them go by. More closely related to my subject was the following advice given by Dr. Cathell:

> "Do not allow the ladies of the family to lounge about your office, read your books, answer the office bell, etc., lest it repel patients. Both messengers and patients prefer to meet either the doctor or his servant rather than ladies.
>
> "Do not let your office be a lounging place or a smoking room for horse-jockeys, dog-fanciers, gamesters, swaggerers, politicians, coxcombs, and others whose time hangs heavily on their hands.
>
> "Have a copy of the fee table framed and hung in a semiprominent position in your office that you may refer patients to it whenever occasion requires . . . Of course you may omit its cash enforcement towards persons with whom you have a regular account.
>
> "Never let a bony horse and a seedy-looking or unsuitable kind of carriage stand in front of your office for hours at a time, as if to advertise both your poverty and your paucity of practice.
>
> "Do not squirt tobacco juice around you at your visits, or have your breath reeking with its fumes, or with those of cloves, cardamom, alcohol, dead beer, etc., or you will unavoidably invite criticism and create revulsion toward you."

I had a lot of fun reading Dr. Cathell's book, but in the end I was sobered by the thought that seventy years from now my modest volume on "The Business Side of Medical Practice" may furnish someone else just as much amusement. However, I was consoled by the fact that I won't be around anyway and let my descendants worry about my peculiarities.

Incidentally, when my book was first published in 1938, I was under the impression that it was the first of its kind. I discovered Dr. Cathell's volume in an old pile of books in the attic of our Medical Society Building in Washington and another that more resembles mine, "How to Succeed in the Practice of Medicine," by Dr. Joseph McDowell Mathews, President of the American Medical Association in 1898-99.

It would obviously be impossible to condense what might be said on efficiency in the doctor's office in the space allotted me. Even if it were possible, the nature of the material would be too elementary for some and too fragmentary for others. It therefore

*Presented before the 82nd Annual Session of the Colorado State Medical Society at Estes Park, Colorado, September 10, 1952. The author is Secretary and Executive Director of the Medical Society of the District of Columbia.

occurred to me to preface my observations with an experiment. You have all listened to the news-from-around-the-world on your radios. The idea for what follows came to me one day while I was listening to such a broadcast. I decided to invite four doctors whom I knew very well to help me with an experiment. I was pleasantly surprised when all of them accepted and agreed to do what was asked of them.

First there is Dr. Hugh H. Hussey, well-known Washington internist, Associate Professor of Medicine, Georgetown University School of Medicine and Editor of GP, official publication of the American Academy of General Practice; Dr. James A. Dusbabek, an obstetrician and gynecologist and Chairman of the Medical Society's Committee on Medical Ethics and Deportment; Dr. Maurice Van Kinsbergen, a successful general practitioner and a veteran of the last war whom I have known for many years, and, finally, Dr. Paul F. Jacquet, rising young internist. Incidentally, these are all young men, the oldest in his forties.

What I said to these physicians was something like this: "I am going to make a talk at the Annual Meeting of the Colorado State Medical Society and I would like your help. I would like to have you return to your offices and endeavor to see them objectively. Perhaps you think you have been seeing them as they are but you may discover that they aren't what you thought they were.

"You know how it is in your homes. You become so used to your surroundings that things that need attention go unseen. Then you go on a month's vacation and when you return the first thing that hits you are the repairs that are needed, the shabbiness that has gone unobserved and the painting that needs to be done.

"So with the doctor—he may fall into a rut and never see his office as it is.

"When I speak of the doctor's office, I am not thinking alone of its arrangement, the condition of his equipment, nor the ability and character of his employees, but of everything connected with the conduct of his business affairs.

"Now, I would like to make a tape recording of your observations a week from today. Can I count on your being here?"

A week later all of us met in the library of our Medical Society Building. I surprised them by announcing that they would not make reports but that I would ask them questions. I thought that would be the best way to trap them. Of course, it was possible to record only a small part of our conversation. One of the doctors in this discussion wanted to do the recording over again. He could do better, he said, and there were rough spots that could be much improved. But I was satisfied and the others agreed to let the recording stand. [The tape recording was played back at this point with the author as moderator. Questioning revealed that participants were unusually observant.]

In my remaining time I would like to discuss, as briefly as possible, what I and they agreed were essential in an efficient doctor's office and to offer some suggestions which you may find of value. Although I am well aware that the appearance of a physician's office is sometimes deceiving and that it does not necessarily reflect his professional capabilities or his true character, it is an undeniable fact that pleasant and efficiently arranged offices create a favorable impression. Not only that, but those who work in such offices find their work much less tiring.

I have brought with me copies of a "Guide for Planning Physicians' Offices" prepared under the general direction of Dr. John W. Cronin, Chief of the Division of Hospital Facilities, United States Public Health Service. I thought you might find it interesting and perhaps helpful. Our Society and the American Medical Association assisted the Public Health Service with the Guide in the belief that it would be of practical value to physicians who were considering establishing practice or who were seeking new quarters.

I personally assisted the architect employed by the Public Health Service and selected some typical offices in our city and in other cities which I thought he should visit. The floor plans prepared by him are, of course, what he considered a composite of the best features in the offices he visited.

One of the physicians whom you heard me interview, Dr. Jacquet, wanted me to see his office which I did shortly after our interview. I was so impressed by its utility, attractiveness, and the comparative modesty of the three-room apartment which he converted into an office that I asked him to sketch the floor plan for you. You will observe that patients who enter the waiting room do not re-enter that room on their departure. They leave by another door.

In speaking of this arrangement, Dr. Jacquet made the point that this routing of patients eliminates confusion and contributes to smooth operation of his office. He said that at no time is the patient left to his own devices. He receives the patient, sees him through the prescribed procedures and to the door on his departure.

I noticed a few other things about this office which may interest you. I have always been of the opinion that n o t h i n g would be more distracting than music in a doctor's office. Dr. Jacquet's office had "piped in" music—and it was good music! I must say I wasn't bothered by it. In fact, I found it rather pleasant. The brilliantly lighted glass tank containing tropical fish, Dr. Jacquet assured me, kept patients from being bored. Some patients became so interested that when they returned, they looked for certain fish and, if they were missing, inquired about them.

Other features of interest in Dr. Jacquet's office are: A telephone in the consulting room without a bell (the secretary uses a very much subdued buzzer to let the doctor know there is a telephone call for him); indirect lighting of the doctor's own invention (trough-like devices near the ceiling which throw ample but not a hard light) and an ingenious laboratory which had formerly been the apartment bathroom (the table on which laboratory work is done was built over a bathtub).

I personally feel that physicians' offices would gain in efficiency if more thought were given to the arrangement of rooms. A study of these and other plans which are obtainable would be very much worth your while.

This would seem to be the point at which the employee or employees in the physician's office should be considered. Usually these are a receptionist, a secretary, and an office nurse—or someone combining the duties of all three. Not infrequently the receptionist does not have a desk in the waiting room, and at intervals comes out of the inner office to observe what patients are waiting. This can be, and often is, upsetting to patients, unless the receptionist makes it a point to put in an appearance at the time of their appointments.

This situation was remedied by two Washington otolaryngologists having offices together whose office nurses were so occupied that they found time to go into the waiting room only to call in the next patient. When patients enter the waiting room they observe a sign requesting them to write their names in the register of the doctor they wish to see. They are then called in the order in which they register.

You need hardly be told that what a receptionist or an office assistant says to the patient, and how she says it, is vitally important to the physician. I was in a doctor's office not so long ago when a technician was making some tests. In the course of these tests, she told me about her own ailment—a strained muscle. She said she usually went to a chiropractor or an osteopath for such things. This emphasizes the need for briefing employees in the doctor's office.

In offices of our Medical Society we have prepared a manual for the employees of our telephone-answering service containing definitions of some of the more common medical terms, a brief description of the various specialties in medicine, a list of the healing cults we do not recognize, and something about medical institutions. In addition, there are detailed instructions to the employees as to how they should respond to inquiries from physicians and patients and as to their general attitude toward the people they deal with. They are also provided with a wide variety of factual information pertaining to medical activities in our city.

I am certain that you would find that a similar manual or guide adapted to the peculiar needs of your office and practice would contribute much to the efficiency of

your office. It would also relieve you of many details and shorten the training period of new employees.

Such a manual in a doctor's office might contain the more common medical terms and their definition; facts which the employee should know about the procedures in the office; detailed instructions relative to the employee's duties, such as her approach to patients, the keeping of financial records, the manner of making deposits at the bank, when bills should be sent to patients and the extent to which they should be itemized; when and how to order supplies; and where various reports should be sent. Included also might be dates on which certain duties should be performed, for example, when income tax returns must be made and insurance premiums paid. To play safe, I would suggest that the date of the doctor's wife's birthday and their wedding anniversary be listed. This, of course, is only a partial list of what you might include in a manual.

And now just a word about the point of view of the employee. Early this summer Dr. Hussey's secretary called at my office. Knowing her to be very efficient, I discussed the qualifications of an efficient doctor's assistant with her. In the course of our conversation, she made these observations which I thought might interest you:

> "A truly efficient and reliable employee is difficult to replace these days at any salary. Too many physicians complain about expenses; grant a raise or two in the first years of employment, and then take the employee for granted. Years pass without any expression of appreciation or an increase in pay. If the employee quits, the doctor is shocked to find that the salary he must pay a replacement is greater than that of the experienced employee. The employee he might have kept is lost to him, and he may be in for a long training period."

I would like to return for just a moment to the manual idea. I'm at present preparing copy for a pamphlet entitled "Information for Physicians Establishing a Practice in the District of Columbia." This pamphlet will contain sections devoted to licenses which he must have and where they can be obtained; various types of insurance coverage which a physician should have; copies of various local regulations relating to the practice of medicine; what is required of the physician under the Social Security and Unemployment Compensation laws; what services the Medical Society has to offer; and miscellaneous information which we know from experience would prove helpful to any practitioner.

My time is nearly up, and it is only too apparent that much more could be said on my subject. In fact, when I talked to the senior medical students at Marquette University School of Medicine on the practical economic aspects of medicine, it required ten one-hour sessions. Not mentioned here for the lack of space are the types of financial records best suited to physicians, the proper handling of patients' accounts, doctors' bills and the law, and case records and filing.

As a final word, I would leave the following observation with you: A little time devoted to an objective appraisal of your offices will more than repay you for the time invested. Then, of course, you must do something about the things which it is apparent need correction.

Obsolete though most of Dr. Cathell's book is, many of his conclusions are as applicable today as they were in the 1880s. In the next to the last chapter he writes:

> "The practice of medicine is the business of your life; it is as legitimate as any other. You must live by it, just as other people live by theirs; but cannot do so unless you have a business system, for upon system depends both your professional and your financial success."

SIXTH ANNUAL POSTGRADUATE COURSE IN DISEASES OF THE CHEST

The Sixth Annual Postgraduate Course in Diseases of the Chest sponsored by the American College of Chest Physicians, Pennsylvania Chapter, and the Laennec Society of Philadelphia, will be presented at the Bellevue-Stratford Hotel, Philadelphia, Pennsylvania, March 23-27, 1953. This course will emphasize the recent developments in all aspects of the diagnosis and treatment of chest disease. The course is open to all physicians; however, the number of registrants will be limited. The tuition fee is $50 and applications will be accepted in the order in which they are received. This course has been approved for credits by the American Academy of General Practice. Applications should be sent to the Executive Director, American College of Chest Physicians, 112 East Chestnut Street, Chicago 11, Illinois.

TREATMENT OF METABOLIC EXOPHTHALMOS*

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Exophthalmos has long been recognized as one of the striking aspects of Graves' disease. At times the eye component of the disorder may be more serious than the other manifestations of the disease. This eye condition has been described under various names, including "exophthalmic ophthalmoplegia," "progressive exophthalmos," "exophthalmos of endocrine origin," etc. The term "malignant exophthalmos" has been used when the orbital changes are sufficiently severe to damage visual function.

The exophthalmos associated with Graves' disease has been separated into two different forms. We do not wholly subscribe to this sharply cut separation, but it does serve a purpose in clinical evaluation. The first type is termed thyrotoxic exophthalmos and is thought to be the result of excessive thyroxin. The eye changes are somewhat related to the degree of hyperthyroidism. In the thyrotoxic type the exophthalmos is produced by a stimulation of Müeller's and Landström's muscles operating in the presence of weakened extraocular muscles. Further apparent exophthalmos is produced by the wide retraction of the lids from the contraction of Müller's muscle. Improvement in this form of exophthalmos may be brought about by any factor that will diminish the thyrotoxicosis. The thyrotoxic form is a feature of young adult life and its incidence is three or four times greater in women than in men.

Thyrotrophic exophthalmos makes up the second type of metabolic orbital disease. In this condition, the thyrotrophic hormone of the pituitary is responsible for the proptosis. Although sometimes associated with toxic goitre, it can occur without enlargement of the thyroid and without thyrotoxicosis. In fact, it is thought that thyroxin serves to inhibit the production of thyrotrophic hormone by the pituitary. This explains the observation that thyrotrophic exophthalmos often develops following thyroidectomy and after the usual signs of thyrotoxicosis are relieved. The proptosis results from an increase in retrobulbar pressure occasioned by an actual enlargement of the extraocular muscles, lacrimal gland, orbital fat and other ocular structures. Most of this increase is due to excessive water storage. In sharp contrast to the thyrotoxic form, the thyrotrophic occurs in an older age group and is three to four times as common in men as in women.

Unfortunately for the sake of simplicity, few patients present a clear picture of pure thyrotoxic or thyrotrophic exophthalmos. Further attempts at classification of the disease have been based on the sequence in which excess or deficiency of thyroxin and thyrotropin may occur. The present trend seems to be to accept the observation that there is a relationship between exophthalmos and the secretion of thyroxin and of pituitary thyrotropin but that the role taken by these secretions is not clear.

The pathological findings, irrespective of the clinical history, seem to be essentially the same in all cases of metabolic exophthalmos. Edema swells the extraocular muscles, often to several times their normal size. This water-logging is associated with degenerative changes in the muscle fibers and with lymphocytic infiltration. Later the fibrous tissue increases and replaces the degenerated fibers and thickens the fibrous septa and sheaths. The lacrimal gland and the orbital fat also enlarge due to increased water storage. It is probable that some of the degeneration and fibrosis may be the result of pressure ischemia.

Clinically, in addition to the proptosis, there is retraction of the eyelids resulting in subnormal protection to the cornea. Typically there is puffiness and congestion of the eyelids and also of the conjunctiva. Palpation of the orbit through the lids gives a sensation of increased resistance. The function of the extraocular muscles is impaired, resulting frequently in diplopia. In our experience the lateral and superior recti show the greatest weakness. Papilledema and optic atrophy can occur. Scotomas may

*Presented at the Annual Session of the Montana State Medical Society, Missoula, Montana, September 18, 1952.

develop without any obvious evidence of fundus pathology. Corneal ulceration may result from the incomplete closure of the lids and from increased pressure. Occasionally an eyeball may be lost through corneal perforation and secondary infection. We have observed three cases in which the proptosis was so marked that at times the lids would close behind the equator of the globe, forcing the eyeball still further forward.

The efficacy of various forms of treatment for metabolic exophthalmos is difficult to evaluate. The disease varies greatly in its severity and the patients often show spontaneous improvement. Treatment directed toward correcting the supposed cause of the exophthalmos has not been too effective. Excessive thyroid secretion may be controlled by thyroidectomy, thiouracil, thyroid radiation, radioactive iodine, etc. These procedures may cause a diminution of the lid retraction resulting from the contraction of Müller's and Landström's muscles. Unfortunately, these measures directed toward decreasing the activity of the thyroid may be followed by an increase in the exophthalmos. Some of the most malignant cases of proptosis have followed thyroidectomy and have progressed even though the basal metabolic rate was subnormal. The theoretically ideal treatment in such cases would be the administration of large doses of thyroxin. This should have an inhibitory effect on the production of the pituitary thyrotrophic hormone. Unfortunately, the results from thyroid administration have been disappointing. Variable and inconstant results have been reported from irradiation of the orbit and of the pituitary gland. The administration of various sex hormones has been reported as apparently helpful. Cervical sympathectomy may afford better protection to the cornea by producing a Horner's paralysis of Müller's muscle but has little effect on the proptosis. The administration of iodine has been of occasional value. Great improvement has recently been reported following pregnancy.

In the absence of any consistently effective creative treatment for metabolic exophthalmos, it is often necessary to carry out some form of palliation. The cornea must be protected from exposure. In mild cases, the instillation of vaseline ointment may suffice. In the more severe cases an air-tight shield or goggle may be used as a temporary expedient. One of the simplest and most effective means of protecting the cornea is the lateral tarsorrhaphy. This procedure not only helps preserve the cornea but usually greatly improves the patient's appearance. Several millimeters of the lateral angle may be fused. A tarsorrhaphy of the Fuchs or Wheeler type in which the tarsi are firmly joined is much to be preferred, as the normal acute angle of the canthus is preserved. A simple apposition of the lid margins is unsatisfactory, as stretching soon produces an unsightly square angle at the lateral canthus.

Sometimes the proptosis is so great that a tarsorrhaphy cannot be successfully done. In fact, in those cases an attempted tarsorrhaphy or lid suturing may aggravate ocular damage by still further increasing the intraorbital pressure. In such a situation, some form of orbital decompression accompanied by tarsorrhaphy is indicated. Decompression seems to be especially desirable in those severe forms of exophthalmos exhibiting diplopia, visual scotomas, fundus changes or corneal ulceration.

The volume of the orbit may be increased by the removal of each of its four bony walls. Decompression into the ethmoid, frontal or maxillary sinuses has not been widely used, either because of the hazard of infection or because of relative ineffectiveness. Probably the most frequently employed method is that of Naffziger[1] in which decompression is carried out by removing the roof of the orbit through a frontal bone flap. This method allows extensive decompression and has frequently resulted in marked improvement in visual function. The procedure may be modified if necessary by removing the lateral wall in addition to the superior through the same transfrontal approach. As a further modification, Welti and Offret[2] have removed the superior and lateral walls through a temporal exposure. The main disadvantage to the Naffziger type of operation seems to be that it is a major procedure not entirely without danger. There have been several

fatalities and also some alarming, though temporary, symptoms of brain damage. Another, although usually temporary, disadvantage is that the pulse impulse may be transmitted from the brain to the eye with interference with vision.

Temporal decompression of the orbit seems to be an effective and relatively benign procedure and deserves more frequent application. Guyton[3] has presented a technic for lateral decompression that we have used with satisfaction. The method, briefly, is as follows: General anesthesia is used. The cornea is protected by closing the eyelids with temporary sutures. A curved skin incision 7 cm. long, concave forward, is made just within the hair line back of the superior temporal orbital margin. The skin is undermined widely up to the lateral orbital margin which is then exposed by retraction. The periosteum is incised along the entire lateral orbital rim and the incision is extended upward 1 cm. above the superior temporal orbital margin. The periosteum is elevated and the temporal muscle is retracted into the posterior portion of the temporal fossa. The lateral orbital wall is entered with a craniotomy perforator and a wedge-shaped section of bone approximately 8 square cm. in area is removed with rongeurs. The wall is removed inferiorly to the body of the maxilla and the inferior orbital fissure, posteriorly and superiorly to the inner table of the great wing of the sphenoid and to the body of the frontal bone. Anteriorly, a thin rim of bone at the orbital margin may be left or removed as desired. The procedure is simplified by removing the bony rim. Orbital tissue enclosed in periorbita now bulges through the bony opening. The periorbita is carefully opened with two horizontal incisions parallel to the lateral rectus muscle, permitting free protrusion of orbital fat. The anterior edge of the temporal fascia is sewn loosely to the edge of the periosteum along the orbital margin at one or two points. The skin incision is closed and a pressure dressing is applied over the closed eyelids. No pressure is applied over the decompression area. This is important. In one of our cases we failed to obtain decompression because we applied pressure over the temporal area. This necessitated a second operation at which the periorbita was again incised.

We have carried out Guyton's technic for lateral decompression on nine orbits in five patients. This procedure has usually resulted in an adequate decompression with little systemic reaction. The patient is out of bed the day following surgery and may leave the hospital within two days. There has been very little postoperative pain. Some reduction in the proptosis is at once apparent and improvement progresses for several weeks. We have found that the incision behind the hair line, while desirable cosmetically, has increased the difficulty of exposure. Perhaps greater experience with the procedure will overcome this disadvantage. We have produced a paralysis of the frontalis muscle on several occasions. This, fortunately, has been temporary and is relatively unimportant. Temporal orbital decompression has been done on the following cases:

CASE 1

L.S., a 36-year-old housewife, developed symptoms of hyperthyroidism in January, 1948. These symptoms rapidly improved following the administration of propylthiouracil and iodine and later of radioactive iodine. Proptosis, however, rapidly developed in April, 1950, and has persisted to a severe degree. When first seen in April, 1950, there was marked bilateral exophthalmos. She complained of photophobia and burning with occasional diplopia. There was edema of the lids and redness of the conjunctiva. Four degrees of right hyperphoria were constantly present. Measurements with the Hertel exophthalmometer were 24 mm., each eye. Lateral decompressions were done on June 26 and July 11, 1950, without incident. On September 26, 1950, the Hertel readings were, right 21 mm., left 20 mm. (The postoperative exophthalmometric readings in all of the cases are subject to error because of the removal of the orbital rim.) Bilateral Wheeler tarsorrhaphies were done on September 26, 1950, followed by the excision of a small amount of orbital fat below the superior orbital rim. These procedures have resulted in an increase in comfort and a striking improvement in appearance. The hyperphoria remains unchanged and is compensated for by a prism.

CASE 2

M.A., a 24-year-old woman, was first seen in February, 1943, because of proptosis which had developed two months before. She presented the typical symptoms of hyperthyroidism for which a thyroidectomy was done. Following the thyroidectomy there was considerable improvement in her general symptoms but the proptosis increased. At times the right eye would spontaneously luxate and have to be replaced by pressure. Bilateral Wheeler tarsorrhaphies were done in September, 1947, with improvement in appearance and comfort. Luxation of the right globe

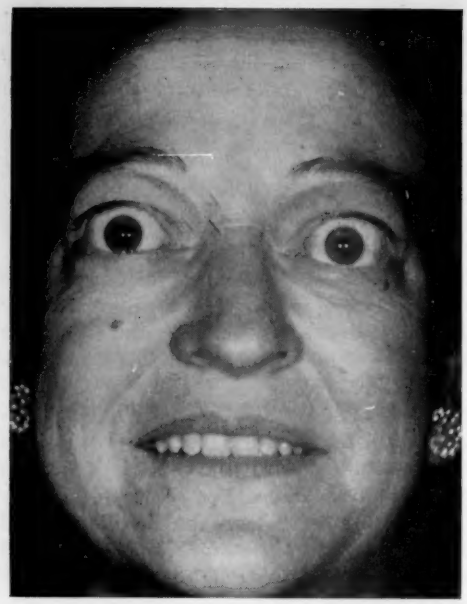


Fig. 1, Case 1—Preoperative

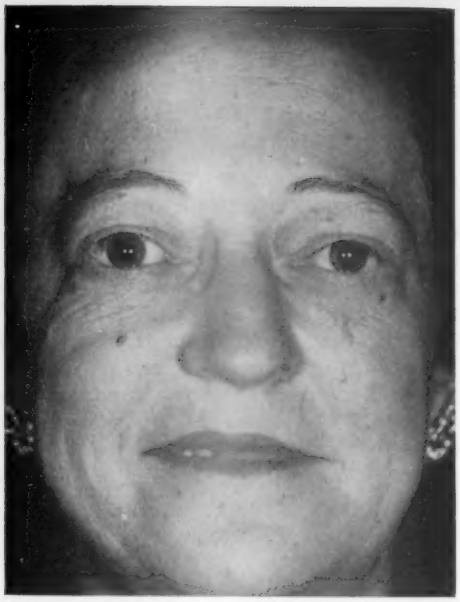


Fig. 2, Case 1—Postoperative

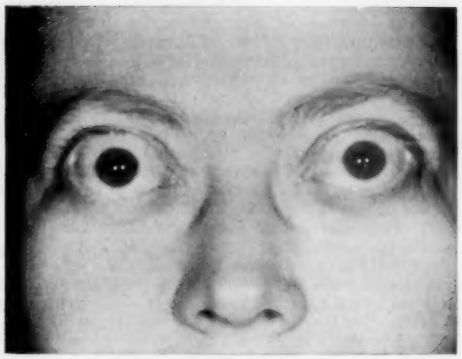


Fig. 3, Case 2—Preoperative

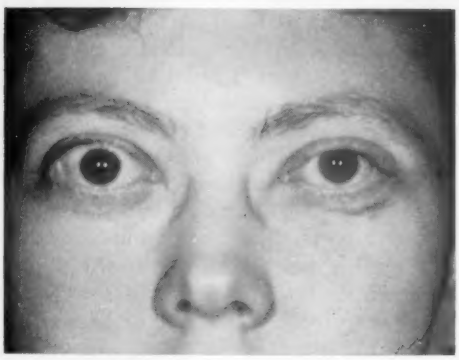


Fig. 4, Case 2—Postoperative

occasionally occurred in spite of the tarsorrhaphy. Administration of thyroid did not influence the proptosis. Temporal orbital decompressions were done in September, 1950, with no complications. The pre-operative Hertel readings were, right 24.5 mm., left 24 mm. Following surgery the readings were, right 22 mm., left 17 mm. The cosmetic improvement was striking. There has been no further luxation of the eyeball.

CASE 3

L.G., a boy of 15 years, was first seen in October, 1950, because of proptosis of the left eye of four months' duration. He showed various signs of hyperthyroidism and of hyperpituitarism. He was treated with propylthiouracil and later with thyroxin with no change in the proptosis. The conjunctiva was congested and there were recurrent attacks of pain in the eye. A lateral decompression was done December 1, 1951. The preoperative Hertel reading was 21 mm., the postoperative 18.5 mm. The conjunctival congestion and recurrent pain has largely disappeared. The change in appearance is not striking. Some temporary weakness of the frontalis followed the surgery.

CASE 4

T.F., a 52-year-old university professor, was first observed September 24, 1951. He had been under treatment for thyrotoxicosis with propylthiouracil and iodine for a year. Severe bilateral exophthalmos became apparent in March, 1951. In June, 1951, there was marked loss of vision of the left eye followed in August by a sharp visual reduction in the right eye. The visual impairment was severe enough to seriously interfere with his work. Large doses of thyroid were given without improvement. Examination on November 23, 1951, showed gross proptosis with congestion of the lids and conjunctiva.

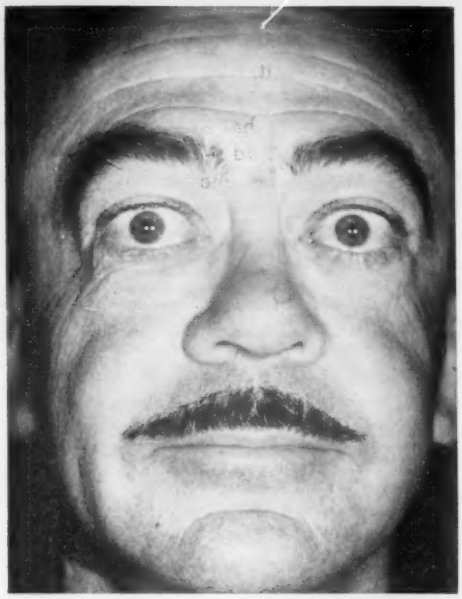


Fig. 5, Case 4—Preoperative

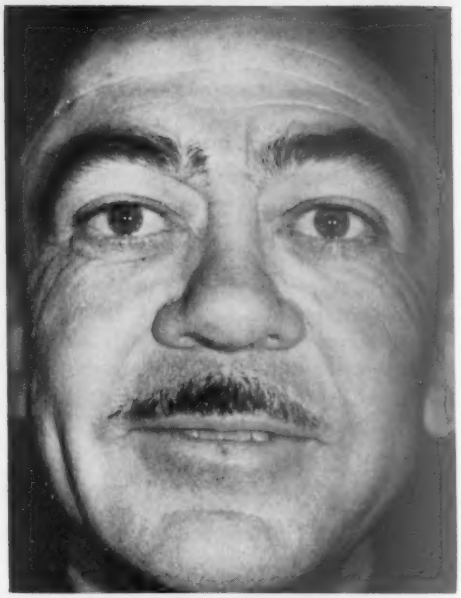


Fig. 6, Case 4—Postoperative

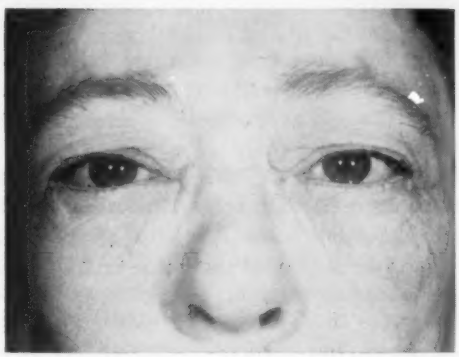


Fig. 7, Case 5—Preoperative

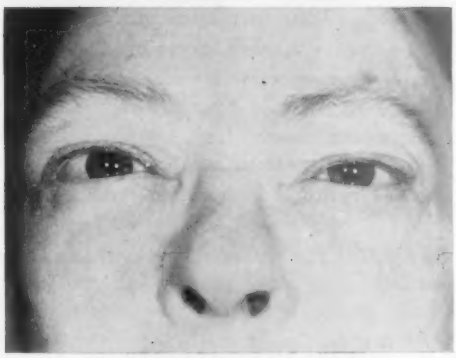


Fig. 8, Case 5—Postoperative

There was marked limitation of motion laterally and superiorly. The corrected vision of the right eye was reduced to 20/70 and the left to an eccentric 20/200. A large central scotoma could be demonstrated in the left eye. Temporal decompressions were done in December, 1951, the patient leaving the hospital in each instance forty-eight hours after the surgery. By February 21, 1952, the vision of the right eye had improved to 20/50 and the left to 20/50 minus. Ocular motility was improved but still much impaired. By August, 1952, vision of each eye had improved to 20/25 but some disturbance in ocular motility remained.

CASE 5

H.W., a nurse, aged 60, developed symptoms of thyrotoxicosis for which a thyroidectomy was done on December 6, 1951. Following the surgery, a moderate amount of exophthalmos developed with marked diplopia. There was practically complete loss of function of both superior recti and considerable lateral rectus weakness. A left temporal decompression was done on April 17, 1952. This resulted in a disappointingly small amount of change in the proptosis. The failure was probably due to a pressure dressing applied over the decompression site. The orbit remained tense and an ulcer developed on the left cornea July 1, 1952. The decompression area was again explored and a dense fibrous sheet was seen to cover the orbital fat under the bony defect. This fibrous sheet was depressed and obviously prevented decompression. After resection of the sheet, the orbital contents again herniated into the bony defect. This secondary procedure resulted in an adequate decompression and prompt healing of the corneal ulcer. On July 20, 1952, an ulcer developed on the right cornea. A right temporal decompression was done on July 22, 1952, resulting in a rapid cure of the ulcer. There

has been moderate bilateral improvement in the exophthalmos and marked improvement in motility.

Summary

Exophthalmos associated with thyroid disease may result in severe damage to visual function. Surgical treatment consisting of tarsorrhaphy and decompression of the orbit may be indicated. The Guyton method of temporal decompression of the orbit is described. The results of nine decompressions in five patients are presented. In every instance there was moderate to marked improvement in the exophthalmos and in the symptoms. In no patient was there any serious complication. The procedure seems sufficiently benign that its use for purely cosmetic reasons would seem to be justified. Ideally, decompression should be done fairly early in the course of exophthalmos, before permanent changes have occurred in the muscles and other orbital structures.

REFERENCES

[1]Naffziger, H. C.: Progressive Exophthalmos Following Thyroidectomy. Ann. Surg., 94:582, 1931.

[2]Welti, H., and Offret, G.: Trépanation décompressive de l'orbite pour exophthalmie maligne Basedowienne. Mém. de Acad. de chirurgie, 68:379-384, 1942.

[3]Guyton, Jack S.: Decompression of the Orbit. Surgery, 19:790-809, 1946.

THE USE OF STAINLESS STEEL MESH IN REPAIR OF INGUINAL HERNIA

R. WOODRUFF, M.D., and A. E. JAMES, M.D.
DENVER

We have only to take note of the large number of papers relating to the technic of hernia repair to realize that the perfect repair has not been described and occasional recurrences will occur. We feel that in good hands it is a matter of "tissue failure" which most often accounts for the temporary relief and subsequent reappearance of rupture in inguinal hernia repair. This has, of course, been well recognized in the past and numerous substitutes have been suggested for this potentially failing tissue. Strips of fascia lata, heterogenous tendon grafts, skin and more recently tantulum gauze mesh have all been used with considerable success. Much attention has been given to strengthening Hesselbach's triangle in the conventional repair while little consideration is usually given to strengthening of the internal ring. It is our opinion that failure of the internal ring to hold back the peritoneal sac has been the cause of failure most difficult to correct, even when using various prostheses, as described by their proponents. With this in mind we were stimulated to work out a method of repair supplemented by a prosthesis that not only satisfactorily supported Hesselbach's triangle but would also give firm closure about the cord at the internal ring.

For the past five years we have been using stainless steel wire as suture material. This was prompted by the satisfactory reports of Babcock[1], Jones[2] and others. For the past four and one-half years we have used it exclusively in closure of upper abdominal incisions and in all incisions where the nature of the tissue or extent of the procedure might jeopardize wound healing. This experience with stainless steel wire has led us to conclude that it is a most satisfactory material for permanent tissue residence. The work of Jonas[3], both in experimental animals and later in humans, with stainless steel mesh gives further credence to the fact that this material is well tolerated in the tissues. We have noted that a piece of tantulum gauze mesh measuring 6x12 inches was listed at a hospital cost of $24.40. A similar piece of stainless steel mesh was obtained for our use at a cost of about $1.15. Inasmuch as we were not impressed from our experience and that of others that tantulum had any distinct advantage over stainless steel, we were prompted to use the latter in our study.

*Presented at the Eighty-first Annual Session of the Colorado State Medical Society, September 21, 1951.

Selection of Cases

In selecting inguinal hernia cases in whose repair the inclusion of a stainless steel mesh prosthesis would be a valuable adjunct, most attention was paid to size of the internal ring and competency of tissues in that region. If a satisfactory repair of the internal ring could not be carried out because of its large size or the thinning out of neighboring tissues, the use of stainless steel mesh was carefully considered. As one would expect, recurrent hernias, long-standing indirect hernias, and hernias in obese patients were most frequently included. During the past six months we have carried out the repair we will describe in eleven cases with inguinal hernias. This is a small series and the follow-up is necessarily short, but in view of uniformly satisfactory results, we feel a preliminary report is warranted. All patients were males and the mesh was used unilaterally in all instances. Their ages varied between 34 and 59 years with an average age of 48. Three of the hernias were recurrent and eight were primarily repaired by the method described.

Technic of Repair

The technic of the repair was as follows: After the cord was visualized, the sac was mobilized and a high ligation done. If a direct hernia was present, its peritoneal sac was converted to an indirect and likewise a high ligation was performed. Repair of the transversalis fascia or its remnant was carried out, closing the internal ring as snugly as possible about the cord. After exposure of Cooper's ligament, the mass of conjoined tendon and transversalis fascia was sutured to it, as advocated by McVay[4] and as illustrated here in Fig. 1. Next a triangular piece of 100-mesh stainless steel gauze made of wire measuring .0045 inch was fashioned to cover Hesselbach's triangle and to extend about one inch above the lower edge of the internal ring. A slot was then cut so as to provide an opening for the cord. Edges of the mesh were crimped to avoid sticking into the tissues and thus cause symptoms. The fashioned prosthesis was then wedged into position and anchored in place with a few stitches of cotton approximating it to the inguinal ligament, the conjoined tendon, and the tissues about the internal ring. Fig. 2 shows the mesh sutured in place. An attempt was made to keep the upper end of the prosthesis under the lateral edge of the muscles so that they could function in their normal manner and thus add to the protection of the area. The cord was then dropped in

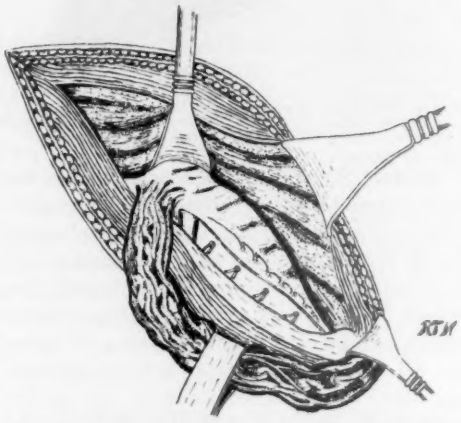


Fig. 1. The cord is pulled aside. The transversalis fascia is sutured to Cooper's ligament after high ligation of sac and closure of the internal ring.

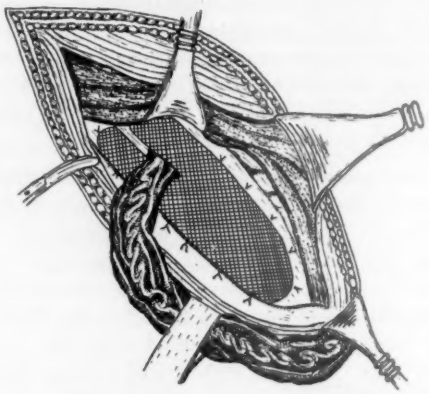


Fig. 2. The mesh prosthesis is fitted closely about the cord and covers the floor of the canal. Edges are sutured down to the surrounding tissues.

place over the mesh and the external oblique fascia and other tissues closed over it in layers with cotton sutures. Fig. 3 illustrates the external oblique closed over the cord.

Fig. 3. The cord is placed over the wire mesh gauze and the external oblique fascia has been closed over the cord with interrupted cotton sutures.

We feel that the method described is the most ideal but it is obvious that modifications are necessary to fit individual cases. There are times when all the tissues available might be necessary to supplement the repair. The flaps of external oblique fascia might well be closed beneath the cord, placing the wire prosthesis at a more superficial level. Other alterations in the procedure could well be used and still use the wire mesh support.

Results

Early ambulation was invariably practiced and all patients were back at their regular employment in from two to six weeks. The time lost varied somewhat with the type of occupation, as well as the individual's desire to resume work.

The complications which could be attributed to the use of the mesh have been negligible. In one instance it was necessary to aspirate small amounts of serosanguinous fluid which accumulated. One patient developed a postoperative epididymitis. These two complications could have occurred with any type of hernia repair and may or may not have been caused by the addition of a prosthesis. There were no cases in which wound infection occurred. As mentioned before there was no unusual delay in these patients returning to their occupation. The wounds were slightly more tender following the insertion of the prosthesis than one would usually expect in a conventional hernia repair. This tenderness has not been persistent and has not been present at the six-week follow-up examination. We have had no occasion to remove the mesh in any instance nor have we found any recurrences following its use.

Summary

A method is presented of repairing inguinal hernias with the use of a prosthesis, where a prosthesis is a desirable adjunct. We have used stainless steel wire mesh and have so far had very satisfactory results. With this type of repair we feel Hesselbach's triangle is supported as well as giving better support to the tissues around the internal ring. Stainless steel wire gauze has a distinct advantage over tantulum gauze in that it is much less expensive to use.

REFERENCES

[1]Babcock, W. W.: Metallic Sutures and Ligatures. S. Clin. N. A., 27, Dec., '47.
[2]Jones, T. E., et al.: Alloy Steel Wire Closure. S. G. & O., 72, 1941.
[3]Jonas, Karl C.: Stainless Steel Cloth as an Internal Prosthesis. Arch. of Surg., Vol. 60, 1950.
[4]McVay, C. B., and Anson, B. J.: Anat. Rec., Vol. 76, 1940.
[5]Koontz, Amos P.: Tantulum Mesh in Repair of Ventral and Inguinal Hernias. Southern Surgeon, Dec., 1950.

New Books Received

Treatment of Mental Disorder: By Leo Alexander, M.D., Director, the Neurobiological Unit, Division of Psychiatric Research, Boston State Hospital, and Instructor in Psychiatry, Tufts Medical School. 507 pages with 142 figures. Philadelphia and London: W. B. Saunders Company, 1953. Price, $10.00.

Gifford's Textbook of Ophthalmology: By Francis Heed Adler, M.D., Professor of Ophthalmology, University of Pennsylvania Medical School; Consulting Surgeon, Wills Eye Hospital, Philadelphia. New, 5th edition. 488 pages with 281 figures and 26 color plates. Philadelphia and London: W. B. Saunders Company, 1953. Price, $7.50.

A Manual of Clinical Allergy: By John M. Sheldon, M.D., Professor of Internal Medicine, University of Michigan Medical School; Assistant to the Chairman of the Department of Postgraduate Medicine; Physician in Charge of University of Michigan Allergy Clinics; Director of the Montgomery Allergy Research Laboratory. Robert G. Lovell, M.D., Instructor in Internal Medicine, University of Michigan Medical School. Kenneth P. Mathews, M.D., Assistant Professor of Internal Medicine, University of Michigan Medical School. 413 pages with 27 figures. Philadelphia and London: W. B. Saunders Company, 1953. Price, $8.50.

Handbook of Orthopaedic Surgery: By Alfred Rives Shands, Jr., B. A., M.D., Medical Director of the Alfred I. duPont Institute of the Nemours Foundation, Wilmington, Delaware; Visiting Professor of Orthopaedic Surgery, University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania. In collaboration with Richard Beverly Raney, B.A., M.D., Professor of Surgery in Orthopaedic Surgery, University of North Carolina, Chapel Hill, North Carolina; Lecturer in Orthopaedics, Duke University School of Medicine, Durham, North Carolina. Illustrated by Jack Bonacker Wilson and others. Fourth edition. St. Louis: The C. V. Mosby Company, 1952. Price, $8.00.

WHEN AN EPIDEMIC STRIKES YOUR COMMUNITY

PUBLIC WELFARE AND PUBLIC RELATIONS ASPECTS OF THE RECENT TYPHOID FEVER EPIDEMIC IN SOUTHERN COLORADO

D. R. BARGLOW, M.D.*
TRINIDAD, COLO.

"When an epidemic prevails a physician must continue his labors without regard to the risk to his own health."—Principles of Medical Ethics of the American Medical Association.

Among the criticisms heaped upon the members of the medical profession is lack of interest in public welfare. The following short report, therefore, may be of general interest to the profession.

When a serious epidemic strikes a community the duties of the physician are manifold. In addition to treating the victims of the epidemic, he must give full cooperation in epidemiologic investigations, participate fully in preventive measures, and do anything that promises to stem the further spread of the disease. These are the presupposed duties of the individual physician. However, organized medicine has one additional duty which in years past has been neglected. And that is to inform and guide the public whenever such medical information and such medical guidance is in the interest of public health and public welfare.

"Rumour does double, like the voice and echo,
The numbers of the fear'd."
—Shakespeare (2 Henry IV, III, i, 97).

That was in Shakespeare's time. With modern communications "doubling of the numbers" would seem an understatement. Our little epidemic made headlines far and wide. It was news as far East as the Atlantic Coast, where it was publicized in big metropolitan newspapers, including the dignified New York Times, and as far West as the Asiatic mainland, where it was picked up by G. I. newspapers in Korea.

When the carrier was found we were given the doubtful honor of harboring a "Typhoid Mary" in our midst. Under such circumstances it is understandable that the rumors in our community put the number of diseased persons to more than double the actual figure. The advocated control measures were considered as inadequate by some and as too strict by others. It therefore was the unanimous opinion of the members of our County Medical Society that we should issue daily statements to the press.

The following is the first statement as it appeared in our two daily newspapers. It is presented here almost in full, since in addition to its public relations aspect, it also briefly gives the history of the epidemic* and outlines the preventive measures taken:

LAS ANIMAS COUNTY MEDICAL SOCIETY REPORTS ON TYPHOID CASES

Following a church supper on January 20, several of the participants came down with typhoid fever which, thanks to alertness of the medical profession, was diagnosed early.

To date eleven persons have been diagnosed as having the disease. The incubation period has now almost expired. The probability of additional persons contracting the disease is therefore slight.

However, one patient before becoming ill had served at the Scout dinner on February 15. Ever since the first case of the disease was reported the County Medical Society has been in daily conference with the local and State Health officers. The cooperative efforts of all concerned has resulted in a satisfactory program being adopted.

The following statements and recommendations are made jointly by the Board of Health officials and the County Medical Society:

1. There is absolutely no reason for alarm. The disease definitely is localized. Very few if any additional cases are expected from the original sources of infection and no cases have occurred among persons who did not attend the church dinner.

2. It is believed that the source of infection is a carrier who is unaware of having the dis-

*The author is a member of Las Animas-Huerfano Counties District Board of Health.

*Almost simultaneously another epidemic of typhoid fever occurred in a small community in our county. A complete epidemiologic and clinical report on both epidemics will be published at a later date.

ease. Health officials are spending full time in an effort to establish the source of infection. Contrary to many rumors, the source of infection has not been established. It is a difficult and time-consuming task.

3. An immunization program was started last week. It was recommended that any person who had contacts with those who became ill be inoculated. This group comprised most of our school children.

As an additional precautionary measure it is now recommended that all persons who attended the Scout dinner on February 15 also be immunized. This may be done at their choice by their family physician or at the Health Center.

4. It is further recommended that at gatherings of large groups, at which food is served, such servings be eliminated for the time being. This, of course, does not apply to restaurants and other public eating places which are under continuous supervision of the health authorities

5. Above procedures may be considered exaggerated by some. We admit that we may be over cautious. But we prefer to be over cautious rather than to neglect making any recommendations that have promise of limiting the disease to its present proportion.

Similar statements were issued to the press at regular intervals as new developments warranted publication.

All statements were issued jointly by the Medical Society and the District Board of Health as was also the publication of the regulations and recommendations regarding the care and release of convalescent and chronic typhoid fever carriers.

The newspapers were not only cooperative, but grateful to receive authentic information. The response of the public was most gratifying. It is interesting to note that the majority of the people did not consider noteworthy the fact that these statements were so made by us. Our interest, our service of dispensing information, since the problem was a vital community concern, was really taken for granted. In their opinion, matters of general public welfare are and always should be of primary importance to the medical profession.

Summary and Conclusion

The public welfare and the public relations aspects of a recent typhoid fever epidemic in Southern Colorado are briefly discussed. The actions of our local Society were facilitated by the full cooperation of Dr. Roy C. Cleere of the Colorado Department of Health. Health officials and the general public gratefully acknowledged the efforts of organized medicine. If we are to win our fight against politically controlled medicine we should remember that the physician's duty does not merely consist in tending the sick "without regard to the risk of his own health." Over and above the interest we take in the individual patient, we must cooperate fully in any measure which is conducive to general public welfare and which contributes to community health and security.

New Books Received

The Anatomy of the Nervous System: Its Development and Function: By Stephen Walter Ranson, M.D., Ph.D., Late Professor of Neurology and Director of Neurological Institute, Northwestern University Medical School, Chicago. Revised by Sam Lillard Clark, M.D., Ph.D., Professor of Anatomy, The Vanderbilt University School of Medicine, Nashville. New, 9th edition. 581 pages with 434 illustrations, 18 in color. Philadelphia and London: W. B. Saunders Company, 1953. Price, $8.50.

Hospital Staff Appointments of Physicians in New York City: Hospital Council of Greater New York. New York, 1951. The MacMillan Company. Price, $3.25.

Diseases of the Heart and Arteries; Anatomical and Functional Disturbances of the Circulation: Treatment: By George R. Herrmann, MD., M.S., Ph.D., M.A.C.P., Professor of Medicine, University of Texas; Director of the Cardiovascular Service and Heart Station, University Hospitals; Consultant in Vascular Diseases, United States Marine Hospital; Consultant in Medicine to Surgeon General, United States Army. Fourth edition, with 215 text illustrations and four color plates. St. Louis: The C. V. Mosby Company, 1952. Price, $12.50.

Clinical Allergy: By French K. Hansel, M.D., M.S., Director, Hansel Foundation for Education and Research in Allergy; Chief of Allergy Service, DePaul Hospital, St. Louis. With 86 illustrations and three color plates. St. Louis: The C. V. Mosby Company, 1953. Price, $17.50.

Practice of Psychiatry: By William S. Sadler, M.D., F.A.P.A., Chicago; Consulting Psychiatrist to Columbus Hospital and Pinel Sanitarium; Fellow of The American Psychiatric Association; member of the American Psychopathological Association. St. Louis: The C. V. Mosby Company, 1953. Price, $15.00.

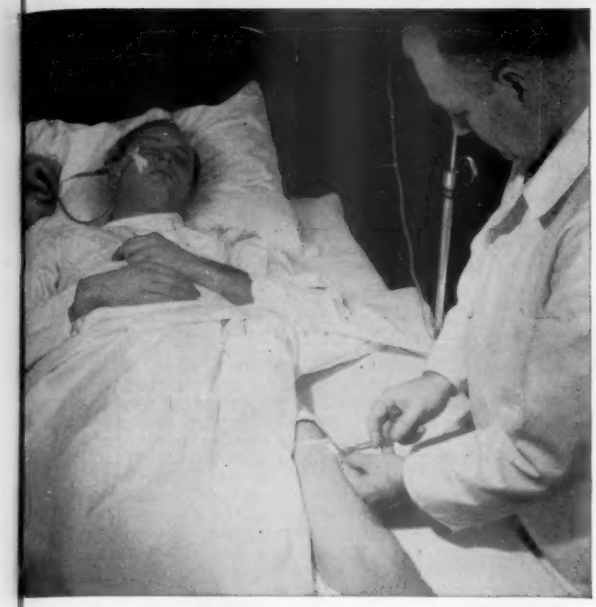
Endocrine Treatment in General Practice: Edited by Max A. Goldzieher, M.D., and Joseph W. Goldzieher, M.D. Authors: George E. Anderson, M.D.; Karl M. Bowman, M.D.; Charles W. Dunn, M.D.; Ernest Falconer, M.D.; S. J. Glass, M.D.; Joseph W. Goldzieher, M.D.; Max A. Goldzieher, M.D.; Gilbert S. Gordon, M.D.; Dan M. Gordon, M.D.; George J. Hall, M.D.; Thomas J. Kirwin, M.D.; Charles W. Lloyd, M.D.; Thomas H. McGavack, M.D.; Warren O. Nelson, Ph.D.; Olof H. Pearson, M.D.; A. E. Rakoff, M.D.; Frederick Reiss, M.D.; Bram Rose, M.D.; E. Kost Shelton, M.D.; Robert F. Skeels, M.D.; Somers H. Sturgis, M.D. Springer Publishing Company, Inc., New York, 1953. Price, $8.00.

A Doctor's Soliloquy: By Joseph Hayyim Krimsky. Philosophical Library, New York, 1953, 15 E. 40th St., New York. Price, $2.75.

Oral Anatomy: By Harry Sicher, M.D., D.Sc., Professor of Anatomy and Histology, Loyola University School of Dentistry, Chicago College of Dental Surgery; Guest Lecturer, Northwestern University, Dental School, Chicago. With 310 text illustrations, including 24 in color. Second edition. St. Louis: The C. V. Mosby Company, 1952. Price, $13.50.

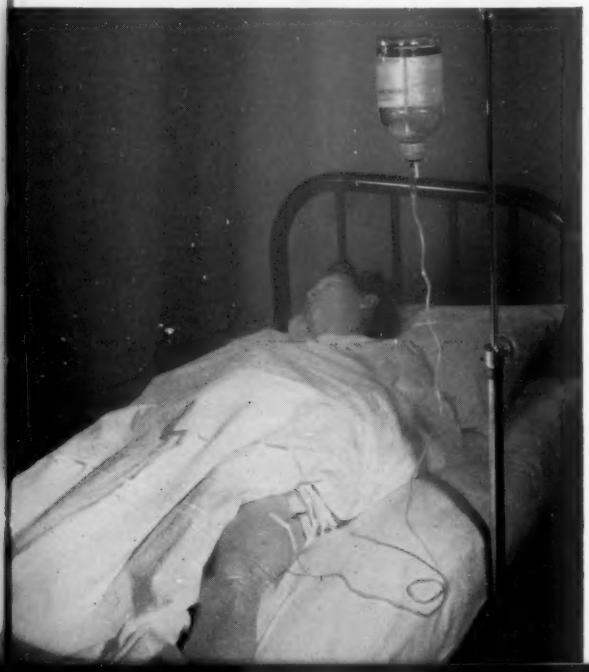
A Century of Medicine—1848-1948. The History of the Medical Society of the State of Pennsylvania: Edited by Howard Kistler Petry, M.D., 1952, by the Medical Society of the State of Pennsylvania. Price, $5.00.

Use of Alidase® Permits Subcutaneous Administration of Fluids at Usual Intravenous Rates



In operative states—Alidase circumvents the complicating factors of venous thrombosis and "wornout" veins which frequently make fluid administration by vein difficult and dangerous. Simplicity and safety of Alidase make hypodermoclysis a method of choice for preoperative preparation and postoperative maintenance.

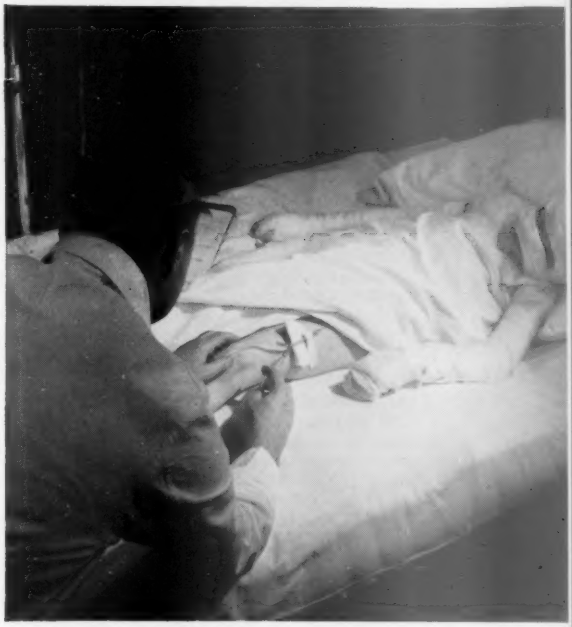
In burns—Plasma and electrolyte solutions can be given subcutaneously at effective rates when Alidase is employed; collapsed veins or risks of thrombosis are not a problem with this method.



Addition of Alidase to the first few cubic centimeters of fluid during hypodermoclysis speeds absorption to a degree approximating that of the intravenous route. Use of highly purified hyaluronidase in this manner avoids the well-known difficulties encountered with venoclysis, saves valuable nursing time and is more comfortable to the patient.

Hechter, Dopkeen and Yudell[1] have found that the use of hyaluronidase has "markedly increased the rates of absorption and administration of hypodermoclysis with no untoward reactions." They also found that extremely small amounts of this enzyme facilitated the absorption of fluids in that greater amounts of fluids were absorbed by the patient in a given period of time and that the localized swelling following hypodermoclysis disappeared more promptly.

Similar results with Alidase were recounted by Schwartzman, Henderson and King.[2] They observed "that absorption of various types of solutions, such as saline, glucose in saline, Hartmann's solution, Ringer's solution, penicillin, streptomycin, Adrenalin, and procaine was facilitated in every case."



In toxemias of pregnancy—Urgently-needed parenteral fluids may be administered subcutaneously with the aid of Alidase, eliminating risk of thrombosis attending repeated intravenous administration of electrolyte solutions. Alidase is the highly purified Searle brand of hyaluronidase and is accepted by the Council on Pharmacy and Chemistry of the American Medical Association.

G. D. SEARLE & CO. *Research in the Service of Medicine*

1. Hechter, O.; Dopkeen, S. K., and Yudell, M. H.: The Clinical Use of Hyaluronidase in Hypodermoclysis, J. Pediat. 30:645 (June) 1947.
2. Schwartzman, J.; Henderson, A. T., and King, W. E.: Hyaluronidase in Fluid Administration: A Preliminary Report, J. Pediat. 33:267 (Sept.) 1948.

Organization

NEW MEXICO Medical Society

NEW MEXICO ANNUAL SESSION

May 7, 8, 9, 1953

Bernalillo County Medical Society will be host to the Seventy-First Annual Session of the New Mexico Medical Society in Albuquerque on May 7, 8 and 9, 1953.

Headquarters for the session, all scientific programs and technical exhibits will be in the Hilton Hotel.

The House of Delegates will convene on Thursday morning from 9:00 to 12:00 and reconvene on Saturday, May 9, at 12:00 noon. The Council will hold a dinner meeting on Wednesday night, May 6, preceding the opening of the convention.

Seven eminently-known guest speakers have been scheduled for the scientific program, which will begin at 2 o'clock May 7 and continue until noon May 9. Guest speakers who will present papers during the session are as follows:

Internists: A. C. Corcoran, M.D., Assistant Director of Research, Cleveland Clinic Foundation, Cleveland, Ohio; George R. Herrmann, M.D., University of Texas, Medical Branch, Galveston, Texas.

Obstetrics and Gynecology: F. H. Falls, M.D., University of Illinois, College of Medicine, Chicago, Illinois.

Radiology: M. M. Thompson, Jr., M.D., Toledo, Ohio.

Ophthalmology: James H. Allen, M.D., Department of Ophthalmology, Tulane University, New Orleans, Louisiana.

Urology: K. O'Heeron, M.D., Houston, Texas.

Neurology: G. Milton Shy, M.D., Assistant Professor of Neurology, University of Colorado, Denver, Colorado.

In addition to the wealth of scientific knowledge to be gained from attending the scientific program and viewing the splendid technical exhibits, a round of interesting and memorable social activities is being planned by the host County Society and Woman's Auxiliary. Included will be a smoker on Thursday night for the men, and the Annual Presidential Dinner-Dance will be held on Friday evening.

All doctors who are members of a Medical Society and their wives are extended a cordial invitation to be present for this outstanding convention.

AMERICAN GOITER ASSOCIATION

The 1953 meeting of the American Goiter Association will be held in the Drake Hotel, Chicago, Illinois, May 7, 8 and 9, 1953.

The program for the three-day meeting will consist of papers and discussions dealing with goiter and other diseases of the thyroid gland.

WYOMING State Medical Society

AMENDMENT

An amendment to "Article IX—Officers" of the Constitution was presented. It was moved that "Article IX—Officers" be abolished and repealed and that the following amendment be adopted in its place:

AMENDMENT

"Article IX — Officers, Section I. The officers of this association shall be a President, a President-Elect who shall be the President at the next annual meeting after his election and the adoption of this amendment, and no President shall thereafter be elected; a Vice President, a Secretary, a Treasurer and seven Councilors. The officers, except the Councilors, shall be elected annually. The terms of the Councilors shall be for one, two and three years. After the election of these Councilors, all Councilors shall be elected from any county and all officers shall serve until their successors are elected and installed."

It was moved that the amendment to "Article IX — Officers" be placed on the table and action be taken in one year. The motion was seconded and carried.

ANOTHER GOOD YEAR FOR BABIES

The Wyoming Department of Public Health has released its annual list of Wyoming physicians delivering 100 or more live babies in the preceding year. The figures are for the calendar year 1952 and the list includes twenty-one physicians.

1.	R. H. Bowden, F. E. Warren Base	227
2.	E. W. Kunckel, Casper	226
3.	B. J. Sullivan, Laramie	221
4.	L. D. Kattenhorn, Powell	220
5.	G. M. Harrison, Rock Springs	160
6.	R. O. Shwen, Cheyenne	154
7.	E. A. Brugh, F. E. Warren Air Base	149
8.	S. J. Giovale, Cheyenne	138
9.	K. N. Roberts, Casper	136
10.	F. H. Haigler, Casper	133
11.	T. B. Croft, Lovell	128
12.	A. A. Engelman, Worland	121
13.	Wilber Hart, Casper	117
14.	R. D. Ashbaugh, Riverton	116
15.	R. F. Babskie, F. E. Warren Air Base	114
16.	Guy Halsey, Rawlins	114
17.	J. B. Krahl, Torrington	105
18.	G. W. Koford, Cheyenne	104
19.	P. A. Kos, Rock Springs	102
20.	S. H. Worthen, Afton	101
21.	K. L. McShane, Cheyenne	100

COLORADO
State Medical Society

Obituary

S. JEFFERSON CHAPMAN

Dr. S. Jefferson Chapman of Colorado Springs died on December 29, 1952, at the age of 59. His death took place in Brownsville, Tennessee, which had also been the place of his birth on May 13, 1893. He received his medical degree from Vanderbilt University in 1915 and went on to St. Luke's Hospital in New York to specialize.

Following service in the U. S. Navy during World War I he moved to Colorado Springs for his health in 1920. He was soon able to open a private office and was prominent in the practice of ear, nose, and throat for thirty-two years. Among other hospital connections, he served a term as Chief of Staff of Glockner Hospital. Dr. Chapman had been a Fellow of the American College of Surgeons and of the American Academy of Ophthalmology and Otolarynology.

COLORADO TUBERCULOSIS ASSOCIATION AND COLORADO TRUDEAU SOCIETY
April 17-18, 1953

Dr. David T. Smith, nationally known bacteriologist, will be one of the featured speakers at the annual meetings of the Colorado Trudeau Society and the Colorado Tuberculosis Association on April 17 and 18 at the Albany Hotel, Denver. Dr. Smith is Professor of Bacteriology and Associate Professor of Medicine at the Duke University Medical School. He is Past President of the National Tuberculosis Association and the author of over a hundred research articles for medical journals.

At the medical session, Dr. Smith will give "An Explanation of the Apical Localization of Reinfection Tuberculosis." At the joint dinner meeting on April 18 Dr. Smith will discuss "New Concepts and New Methods for the Control and Elimination of Tuberculosis."

Also featured on the program will be Dr. Gardner Middlebrook, Director of Research and Laboratories, National Jewish Hospital. Dr. Middlebrook, who is widely known for his research in pathology and microbiology, will present a paper on Isoniazide. The program for the medical session of the meeting is listed below.

Dr. John Durrance, Program Chairman, announced that reservations may be made by writing or calling the Colorado Tuberculosis Association, 1318 Grant Street, Denver. KE. 7235.

Saturday, April 18, 1953

12:30 P.M.—Joint Luncheon Meeting—Dr. Dumont Clark, President, Colorado Trudeau Society, Presiding. Speaker: Peter Janss, Director at Large, National Tuberculosis Association.

2:30 P.M.—Medical Session—Dr. Robert S. Liggett, Presiding.

Review of 45 Supra Clavicular Fat-Pad Biopsies—Dr. James H. Cuykendall, Resident in Radiology, Veterans Administration Hospital.

The Use of Simplified Function Tests to Clarify Physiological Abnormalities — Dr. Leighton L. Anderson, Assistant Professor of Medicine, University of Colorado School of Medicine; Dr. J. Carroll Bell, Fellow in Medicine, University of Colorado School of Medicine.

An Explanation of the Apical Localization of Reinfection Tuberculosis—Dr. David T. Smith, Professor of Bacteriology and Associate Professor of Medicine, Duke University Medical School.

Isoniazide — Dr. Gardner Middlebrook, Director of Research and Laboratories, National Jewish Hospital.

Report on the 1953 Conference on Chemo Therapy of Tuberculosis—Capt. Forrest W. Pitts, M.C., U. S. A., Fitzsimons Army Hospital.

4:45 P.M. — Business Meeting — Dr. Dumont Clark, Presiding.

Current Program of the American Trudeau Society—Frank W. Webster, Field Secretary, American Trudeau Society.

7:00 P.M.—Dinner Meeting—Mark E. Harrington, President - Elect, National Tuberculosis Association, Presiding.

New Concepts and New Methods for the Control and Elimination of Tuberculosis—Dr. David T. Smith.

COLORADO
Medical School Notes

POSTGRADUATE COURSE FOR PHYSICIANS
MEDICAL AND SURGICAL PROBLEMS OF NEWBORN AND PREMATURE INFANTS

Offered by the University of Colorado School of Medicine and the Colorado State Department of Public Health

March 25, 26, 27, 1953

Sabin Amphitheatre, University of Colorado Medical Center, 4200 East Ninth Avenue, Denver 20, Colorado

Wednesday, March 25

Afternoon

1:00- 1:30—Registration.

1:30- 1:45—Introduction—Charley J. Smyth, M.D.; Robert H. Alway, M.D.

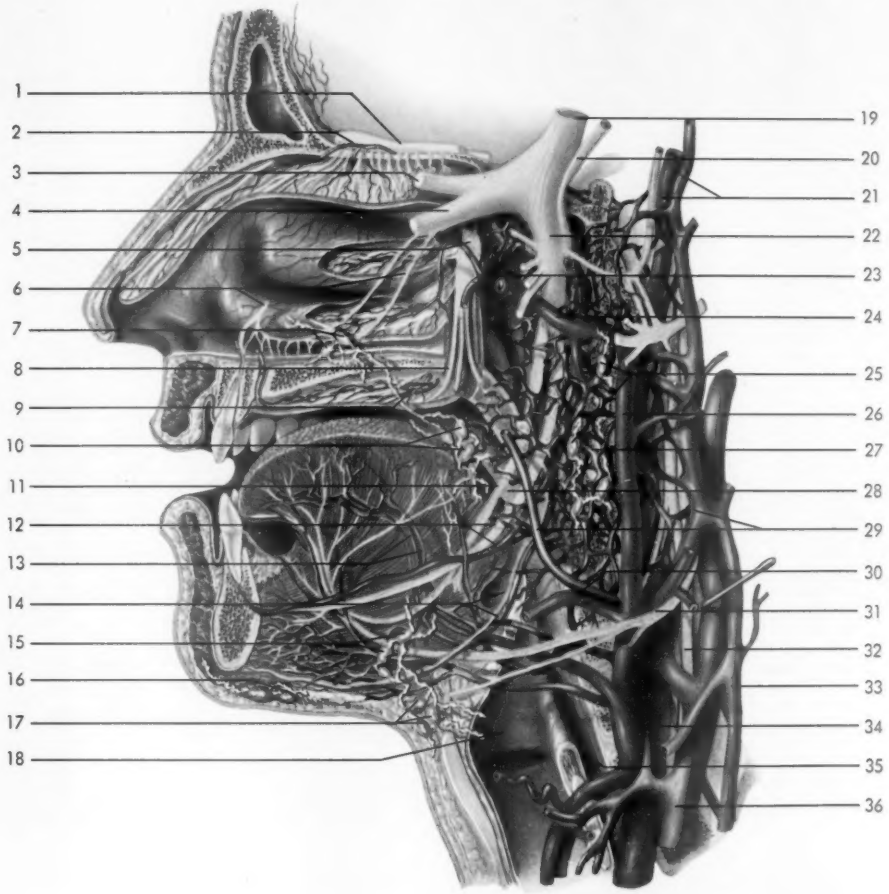
1:45- 2:30—Special Problems and Technics in Feeding Premature Infants—Lula O. Lubchenco, M.D.; Doris M. Greene, R.N.

2:30- 3:30—Treatment of the Infant With Meningocele — Neurosurgery: Donald D. Matson, M.D. Orthopedic Surgery: James S. Miles, M. D. General Surgery: Henry Swan, M.D.

3:30- 3:45—Intermission.

3:45- 5:00—Abdominal Surgery of the Newborn —Inguinal Hernia: Michael A. Lubchenco, M.D. Malrotation and Mid-Gut Volvulus: Kenneth C. Sawyer, M.D. Peptic Ulcer: Charles A. Macgregor, M.D. Imperforate Anus: David R. Akers, M.D.

Anatomy *of the* Mouth



1. Olfactory nerve
2. Anterior ethmoidal artery
3. Ophthalmic nerve
4. Maxillary nerve
5. Sphenopalatine ganglion
6. Anterior, middle & posterior superior alveolar nerves
7. Maxillary lymph nodes
8. Anterior palatine nerve
9. Great palatine artery
10. Buccinator lymph nodes
11. Lingual nerve
12. Inferior alveolar nerve & artery
13. Lingual artery & vein
14. Mylohyoid nerve & artery
15. Supramandibular lymph nodes
16. Submental lymph nodes
17. Submaxillary lymph nodes
18. Trachea
19. Sensory root of trigeminal nerve
20. Motor root of trigeminal nerve
21. Superficial temporal artery & vein
22. Mandibular nerve
23. Sphenopalatine artery
24. Internal maxillary artery
25. Parotid lymph nodes
26. External carotid artery
27. Pterygoid venous plexus
28. Oropharynx
29. Anterior & posterior facial veins
30. External maxillary artery
31. Hypoglossal nerve
32. Vagus nerve
33. External jugular vein
34. Internal carotid artery
35. Esophagus
36. Internal jugular vein

This is one of a series of paintings by Paul Peck, illustrating the anatomy of various organs and tissues of the body which are frequently attacked by infection, where aureomycin may prove useful.

Thursday, March 26

Morning

9:00- 9:30—The Obstetrician's Responsibility in Preventing Asphyxia Neonatorum—E. Stewart Taylor, M.D.

9:30-10:15—Respiratory Problems of the Newborn—Clement A. Smith, M.D.

10:15-10:30—Intermission.

10:30-11-15—Thoracic Surgery of the Newborn—Case Presentations—Tracheo-Esophageal Fistula, Congenital Cyst of the Lung, Diaphragmatic Hernia: Henry Swan, M.D.

11:15-12:15—Congenital Cardiovascular Defects—Coarctation of the Aorta, Vascular Rings, Severe Cyanotic Heart Disease: Panel Chairman, Robert H. Alway, M.D.; Cardiologist, S. Gilbert Blount, M.D.; Surgeon, John B. Grow, M.D.

12:15- 1:30—Lunch.

Afternoon

1:30- 2:15—Etiology of Congenital Defects—John A. Lichty, M.D.; Heinz Herrmann, M.D.

2:15- 3:30—Neurological Problems of the Newborn—Subdural Hematoma, Hydrocephalus; Panel Chairman, Robert H. Alway, M.D.; Neurologist, G. Milton Shy, M.D.; Neurosurgeon, Donald D. Matson, M.D.

3:30 -3:45—Intermission.

3:45- 5:00—The Physician's Responsibility in Adoptions—Panel Chairman, Winona G. Campbell, M.D.; Psychologist, Margaret Thaler, Ph.D.; Social Worker, Jessie B. Johnson.

Evening

7:00—Official Dinner Meeting, Rocky Mountain Pediatric Society—Guest Speakers: Clement A. Smith, M.D.; Donald D. Matson, M.D.

Friday, March 27

Morning

9:00- 9:45—Growth Curves of Premature Infants: Significance and Interpretation—Edith Boyd, M.D.

9:45-10:30—Adjustment of Electrolytes and Water Following Premature Birth—Clement A. Smith, M.D.

10:30-10:45—Intermission.

10:45-12:00—The Problem of Reducing Neonatal and Infant Mortality—Panel Chairman, Roy L. Cleere, M.D.; Obstetrician, Ben C. Williams, M.D.; Pediatrician, John A. Lichty, M.D.; Public Health Nurse, Clyda M. Johnson, P.H.N.

12:00- 1:30—Lunch.

Afternoon

1:30- 3:00—Hematologic Problems—Physiological Variations in the Hemogram: Alfred H. Washburn, M.D. Pathological Variations: Harold D. Palmer, M.D. Transfusions for Small Infants: John M. Githens, M.D.

3:30- 4:00—Retrolental Fibroplasia—Pathogenesis and Follow-Up Studies—Lula O. Lubchenco, M.D.; Ivan E. Hix, Jr., M.D.

Guest Lecturers

Clement A. Smith, M.D., Pediatrician; Associate Professor of Pediatrics, Harvard Medical School; Director, Laboratory for Research on the Newborn, Boston Lying-in Hospital; author of "Physiology of the Newborn."

Donald D. Matson, M.D., Pediatric Surgeon; Associate Surgeon, Harvard Medical School; Associate Neurosurgeon, Children's Hospital, Boston; author of many articles on pediatric neurosurgery.

Department of Pediatrics—Robert H. Alway, M.D.; Winona G. Campbell, M.D.; John M. Githens, M.D.; Heinz Herrmann, M.D.; John A. Lichty, M.D.; Lula O. Lubchenco, M.D.

Department of Human Growth—Alfred H. Washburn, M.D.; Edith Boyd, M.D.

Department of Medicine—S. Gilbert Blount, M.D.; G. Milton Shy, M.D.

Department of Psychology—Margaret Thaler, Ph.D.

Children's Hospital—Harold D. Palmer, M.D.

Colorado State Department of Public Health—Roy L. Cleere, M.D.; Clyda M. Johnson, P.H.N.

Department of Surgery—Henry Swan, M.D.; David R. Akers, M.D.; John B. Grow, M.D.; Ivan E. Hix, Jr., M.D.; Michael A. Lubchenco, M.D.; Charles A. Macgregor, M.D.; James S. Miles, M.D.; Kenneth C. Sawyer, M.D.

Department of Obstetrics and Gynecology—E. Stewart Taylor, M.D.; Ben C. Williams, M.D.

Department of Graduate and Post-Graduate Education—Charley J. Smyth, M.D.

School of Nursing—Doris M. Greene, R.N.

Denver Family Welfare Service—Jessie B. Johnson.

Requirements

The course is open to all physicians. The registration fee is $5.00. The tuition is $15.00. Interns and residents in hospitals affiliated with the University of Colorado School of Medicine are invited to attend without charge.

Please note that there will be a regular meeting of the Rocky Mountain Pediatric Society during the period of this course. All registrants are invited to attend this official medical meeting.

Applications

All applications should be sent to the Director of Graduate Medical Education, University of Colorado School of Medicine, 4200 East Ninth Avenue, Denver 20, Colorado. Each application must be accompanied by a $5.00 registration fee which is not refundable.

(Detach)

Application

Postgraduate Course for Physicians

Medical and Surgical Problems of Newborn and Premature Infants

March 25, 26, 27, 1953

Date.....

Name..... Telephone.....

Address .....
Street City Zone State

Medical Society.....

Signed.....M.D.

Please send with $5.00 registration fee to Director, Graduate Medical Education, 4200 East Ninth Avenue, Denver 20, Colorado.

Tuition—$15.00.

GRADUATE TRAINING

A record number of physicians are enrolled in graduate training at the University of Colorado Medical Center.

Enrollment in the Clinical Medicine Division of the University of Colorado Graduate School, here in Denver, reached the all-time high of 224 students for the winter quarter, just begun, according to Dr. Charley J. Smyth, director of the division.

Doctors undertaking the graduate medical training offered by the university are preparing themselves for some medical specialty or for general practice.

There are twenty-eight doctors from eighteen different foreign countries taking graduate training at the Medical Center. Dr. Smyth pointed out that the number of foreign students emphasized the importance of the United States as the current world center for postgraduate training for doctors. Formerly, men seeking advanced medical training went to Vienna, Paris or London.

The University of Colorado Medical Center has been approved by the State Department to receive graduates from foreign medical colleges under the Exchange Student Program.

The twenty-eight foreign students come from the Philippine Islands, Paraguay, India, Greece, Italy, Hawaii, Japan, Holland, Iraq, Equador, Cuba, Israel, Germany, China, Mexico, Canada, Costa Rica and England. Included in the 224 students are nineteen doctors who are preparing for general practice, indicative of the growing interest on the part of young physicians to become family doctors.

The University of Colorado Medical Center is one of the pioneers in the United States in offering general practice residency training along with training in such specialties as surgery, obstetrics, pediatrics and radiology.

Two of the general practice residents are in service in rural hospitals in Colorado, one at the Mennonite Hospital in La Junta and the other at Larimer County Hospital in Fort Collins.

Residents enrolled in the Clinical Medicine Division of the Graduate School are serving at Colorado General Hospital, Denver General Hospital, National Jewish Hospital, St. Joseph's Hospital, Children's Hospital, in Denver, and Glockner-Penrose Hospital and St. Francis Hospital at Colorado Springs.

In addition to the residents, there are forty-eight men and women serving one year of internship at the University of Colorado Medical Center teaching hospitals, namely, Colorado General and Denver General.

THE CASE OF THE MISSING VITAMIN C

One of the mysteries of biochemistry is what happens to vitamin C in the adrenal glands when it "disappears" after an injection of ACTH. Experimental animals injected with the hormone reveal a sharp drop in the vitamin in their adrenal glands, yet there seems to be no evidence that the vitamin has broken up into other compounds. Professor Charles G. King, Columbia University chemist, who defined the chemical structure of vitamin C, hopes to solve this mystery by the use of radioactive carbon "tracers." Vitamin C containing these "tracers" may be followed through the system of experimental animals, and the radioactive carbon may reveal the location of the vitamin C even after it has "disappeared."

BLUE CROSS and BLUE SHIELD

BLUE SHIELD

In Retrospect and Prospect

It was natural that Blue Cross should be followed by Blue Shield. Hospital Service Plans had their small beginnings in Dallas in 1939 and within a few years they had established a national pattern. The public was pleased with prepaid hospital care and it wanted prepaid medical care in addition. The pioneers in medical service were the California Physicians' Service and Michigan Medical Service. These plans had their respective origins in September, 1939, and March, 1940.

Colorado was soon to join the national movement. In 1939 Dr. John W. Amesse, President of the Colorado State Medical Society, appointed a committee to study the matter of prepaid medical care. Twenty-six meetings were held but when the report of the committee was given to the Society at the annual meetings in the fall of 1940 the approach seemed cautious. (We are speaking in retrospect.) The Reference Committee was timid—there was an international crisis; there was lack of unanimity; the plan did not meet the variety of conditions. In short, the State Society shelved the Medical Service Plan. However, the plan had already been conceived. Colorado Medical Service had been incorporated as a non-profit corporation five months before the annual meeting. This step was taken by Dr. John W. Amesse, Dr. John Bouslog, and Dr. George Buck as officers of the Society, with the purpose of protecting the name and reserving it for the medical profession.

Finally Colorado Medical Service, or Blue Shield, got under way and the first subscriber was enrolled in May, 1942. Growth has been spectacular. There are now 125,000 subscribers and since each subscriber sponsors 2.71 family members there is a total membership in Colorado Blue Shield of 338,000. The finances are interesting as well as the enrollment. Colorado Blue Shield has now paid benefits of over 26 million dollars and these fees have, of course, gone to Colorado physicians. Now we have the Preferred Blue Shield Plan, available to all families with an annual income not in excess of $4,500. The Preferred Plan offers seventy days instead of twenty-one days of medical care in addition to other benefits.

Thus Blue Shield has matured. Nationally there are now seventy-eight Blue Shield Plans enrolling more than twenty-six million members. This is not enough, since the figure represents only 16 per cent of the population. Medical Service Plans are expanding and Delaware already has an enrollment of 58 per cent of its population. Enrollment in Colorado is 24 per cent, a figure which is well above the national average but far below the potential maximum. But already the Medical Service Plans offer a shield against the mischance of sickness and a rampart against the hazard of socialized medicine.

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OPENING FOR EXPERIENCED general practitioner in Burlington, Colorado. Dry farming community, several other doctors in the town, 25-bed county hospital, community with population of about 2,500. For further information, contact Mr. Thornton H. Thomas, Jr., Box 447, Burlington, Colorado.

INTERNIST, aged 28, Board qualified, Priority 4, university hospital trained (Boston City and Presbyterian, N. Y.), desires association with Board qualified or certified internist or with established group in the Utah or Colorado area. Available July, 1953. Contact Preston J. Taylor, M.D., Chief Resident Physician, Fourth Medical Service, Boston City Hospital, Boston 18, Massachusetts.

DR. GUY A. ASBAUGH has retired as general practitioner in Weld. Dry town, surrounding community of three towns with total population of 1,200. His house and office are for rent for $100 a month. For further information, call Frederick 2322, or write Box 9, Rocky Mountain Medical Journal, 835 Republic Building.

LABORATORY EQUIPMENT FOR SALE—International size 1 type SB centrifuge equipped with mobile base, 8-place head, eight 50-ml. trunion rings with metal shields, four 3-place and four 4-place 15-ml. trunion carriers with 28 15-ml. metal shields. Had built-in time, tachometer, and standard rheostat. For 110-v. 60-cy. AC use. Less than five hours' operation time. 15% less than cost. Owner guarantees terms of Factory Warranty. Scanlon-Morris 16x24" autoclave with electric boiler wired for 220-v. AC operation. Had two sliding trays in chamber. New safety valve for 20-lb. operating pressure, new jacket and chamber pressure gauges and low water cut-out to protect Calrod elements. Price, $400. Suitable for small hospital. Contact Frank R. Ellis, M.D., Pathologist, DePaul Hospital, Cheyenne, Wyoming.

WANTS LOCUM TENES WORK from present until June 1. Will consider shorter period. Have had five years' experience general practitioner. For further information, contact Box 3, Rocky Mountain Medical Journal.

GENERAL SURGEON, 31, Board eligible, 5 years' training includes abdominal, orthopedic, urlogy, desires group, associateship, or private practice; location in or near large city; available for interview in April. Dr. I. Katz, 5711 College, Des Moines, Iowa.

ASSISTANT WANTED: Nebraska general practice—convenient to Denver. Salary and percentage. Partnership after years. Ample hospital facilities, pleasant living. Desirable community. Reply fully. Box 3a, Rocky Mountain Medical Journal.

PHYSICIAN, 29, family, completing rotating internship June 30, 1953, desires position with group or individual in community with hospital. For further information, contact Box 3b, Rocky Mountain Medical Journal.

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